FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 04, 1996 08:00 AM
Secretary of State

DOCUMENT # **P93000078735 (6)**

1. Corporation Name

ALL AMERICA HOLDING GROUP, INC.

Principal Place of Business	Mailing Address
6359 EDGEWATER DR. ORLANDO FL 32810 US	6359 EDGEWATER DR. ORLANDO FL 32810 US

3. Date Incorporated or Qualified: **11/15/1993**
3a. Date of Last Report: **04/26/1995**

4. FEI Number: **59-3233224** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GALLAGHER, STEPHEN M.
6290 EDGEWATER DR.
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name: CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83 TALLAHASSEE, FL 32301
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary J. Flowers — DATE: 3-28-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	VP OF MARKETING ☐ Change ☒ Addition
NAME	STEINMETZ, CHARLES P.	1.2 NAME	LAEL KELLETT
STREET ADDRESS	6359 EDGEWATER DRIVE	1.3 STREET ADDRESS	6359 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	DST ☐ DELETE	2.1 TITLE	VP OF ORGANIZATIONAL DEVELOPMENT ☐ Change ☒ Addition
NAME	GALLAGHER, STEPHEN M.	2.2 NAME	ROBERT CASE
STREET ADDRESS	6359 EDGEWATER DRIVE	2.3 STREET ADDRESS	6359 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLENDENIN, GREGORY	3.2 NAME	
STREET ADDRESS	6359 EDGEWATER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SALLEY, STEPHEN G.	4.2 NAME	
STREET ADDRESS	6359 EDGEWATER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BURKE, JOHN	5.2 NAME	
STREET ADDRESS	6359 EDGEWATER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CERTO, SAM	6.2 NAME	
STREET ADDRESS	6359 EDGEWATER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: — 3/26/96 — (407) 291-8027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #