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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078735

1. Corporation Name

ALL AMERICA HOLDING GROUP, INC.

Principal Place of Business

6359 EDGEWATER DR.
ORLANDO FL 32810
US

Mailing Address

3333 BEVERLY RD
768TAX. 85-2208/8
HOFFMAN ESTATES IL 60179
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME THOMPSON, JANE J
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

NAME TOLL, MICHAEL C
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VPF ☐ DELETE

NAME PIGOTT, JOHN
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES FL 60179

3.1 TITLE V/T ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME SCHNEIDER, PAMELA
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

4.1 TITLE V/S ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME BUKOLT, REBECCA W
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LACY, ALAN A
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Pamela R. Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

Daytime Phone #

CR2E034 (11/98)