

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013629 (8)

1. Corporation Name

ALL-SERVICE NETWORK OF BOCA, INC.

Principal Place of Business

4440 N OCEAN BLVD
#2
DELRAY BEACH FL 33483-7542

Mailing Address

4440 N OCEAN BLVD
#2
DELRAY BEACH FL 33483-7542

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/18/1994

3a. Date of Last Report

2. Principal Place of Business

21 6440 N. FEDERAL HWY
BOCA RATON, FL 33487

2a. Mailing Address

26 6440 N. FEDERAL HWY
BOCA RATON, FL 33487

4. FEI Number

105-0465253

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33487

25 U.S.A.

Zip

Country

29 33487

30 U.S.A.

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

BOOZER, H. THOMAS
4440 N OCEAN BLVD
#2
DELRAY BEACH FL 33483-7542

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Handwritten Signature

President

4/21/95

DATE

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

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PST	BOOZER, H. THOMAS	4440 N OCEAN BLVD #2	DELRAY BEACH FL 33483-7542
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	Change	Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	Change	Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	Change	Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	Change	Addition

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)(k), 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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

DATE

407-995-6789

TELEPHONE NUMBER