

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000014674 (3)
 1. Corporation Name
A-ALL CUSTOM SHELVING, INC.



Principal Place of Business 3951 MERCANTILE AVE UNIT C NAPLES FL 34104	Mailing Address 3951 MERCANTILE AVE UNIT C NAPLES FL 34104-3313
--	---

3. Date Incorporated or Qualified 02/23/1994	3a. Date of Last Report 09/19/1996
4. FEI Number 65-0478127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 3951 MERCANTILE	2a. Mailing Address PO Box 9193
22. Suite, Apt. #, etc. UNIT G	27. Suite, Apt. #, etc.
23. City & State NAPLES, FLORIDA	28. City & State NAPLES, FLORIDA
24. Zip 33942	25. Country
29. Zip 34104	30. Country

9. Name and Address of Current Registered Agent
**IRVING, BRADLEY
3951 MERCANTILE AVE
UNIT C
NAPLES FL 34104**

10. Name and Address of New Registered Agent

61. Name
62. Street Address (P.O. Box Number is Not Acceptable)
63.
64. City
65. 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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DPST	NAME BRADLEY, IRVING	<input type="checkbox"/> DELETE
STREET ADDRESS 3951 MERCANTILE AVE	CITY-ST-ZIP NAPLES FL 34104	
TITLE VICE PRESIDENT	NAME VICTOR APRICIO	<input type="checkbox"/> DELETE
STREET ADDRESS 3451 MERCANTILE RD	CITY-ST-ZIP NAPLES, FLORIDA 33942	
TITLE VICE PRES	NAME PIOLELIO AND	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3951 MERCANTILE RD	CITY-ST-ZIP NAPLES, FLORIDA 33942	
TITLE SECRETARY	NAME HERNAN SOTA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3951 MERCANTILE	CITY-ST-ZIP NAPLES FLORIDA 34104 33942	
TITLE ROB VAN NISCTRES	NAME 3951 MERCANTILE RD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS NAPLES 1 FLORIDA	CITY-ST-ZIP 33942	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME JOSE LOPEZ	
1.8 STREET ADDRESS 3951 MERCANTILE RD	
1.4 CITY-ST-ZIP NAPLES, FLORIDA 33942	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE VICE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (9/96)

941-649-155