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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

					1 01 25 1000 0005	0.030 skskst 50.00
DOCUMENT # P9400020295 1. Corporation Name					01-25-1999 9005	0 038 *****150.00
ALL THE	ESE NUMBERS, INC.					
				· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business Mailing Address						
12122 SW 107 COURT 12122 SW 107 COURT MIAMI FL 33176 MIAMI FL 33176						
US	,	US			DO NOT WE	RITE IN THIS SPACE
		,			3. Date Incorporated or Qualife	d .
				-	03/10/1994	
2. Principal Place of Business		2a. Mailing Add	Iress		4. FEI Number	Applied For
21		26			65-0478201	Not Applicable
Suite, Apt.		Suite, Apt, a			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State	•		8. Election Campaign Financing	11
Zip	Country	Zip		Country	Trust Fund Contribution	Added to Fees
24 Zip	25	29	30	200 may	This corporation owes the cu Personal Property Tax.	rrent year Intangible ☐ Yes ☐ No
£4	9, Name and Address of Cur			•	10. Name and Address of New	
	2.742.78			81 Name		
	K, GAYLE B			82 Street Addre	ess (P.O. Box Number is Not Accep	stable)
12122 SW 107 COURT					14 For the Contraction of the State of the S	
MIAI	MI FL 33176			83		
				84 City		85 Zip Code
495 20 . 44. 455	; · • ; · · · · · · · · · · · · · · · ·	alan el	•		,	FL []
"" office or	to the provisions of Sections 607.4 registered agent, or both, in the St.	0502 and 607.1508, Florate of Florida, Such cha	rida Statutes, the nge was authori:	e above-named corporation	oration submits this statement for the n's board of directors. I hereby acc	e purpose of changing its registered ept the appointment as registered
agent. I a	am familiar with, and accept the ob	ligations of, Section 607	.0505, Florida S	tatutes.	······································	
SIGNATURE	Signature, typed or printed name of registered	Locant and title if applicable	(NOTE: Pagiste	ered Agent signature required	when minutation	DATE
12.		AND DIRECTORS		3.		FFICERS AND DIRECTORS IN 12
TITLE	P			1 TITLE	er significant	Change DAddition
NAME	SITEK, GAYLE B		1.3	2 NAME	•	4.0
STREET ADDRESS	40400 OM 407 COLIDT		1.3	3 STREET ADDRESS		[
CITY-ST-ZIP	MIAMI FL		1.	4 CITY-ST-ZIP	•	
TITLE	,		DELETE 2.	1 TITLÉ	•	☐ Change ☐ Addition
NAME	,		2.:	2 NAME		
STREET ADDRESS		•		3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP				4 CITY-ST-ZIP		
TITLE STATE	5, 0401.			1 TITLE		☐ Change ☐ Addition
NAME	ABOUND FLAG			2 NAME	•	1
STREET ADDRESS	新花 200 G			3 STREET ADDRESS		
CITY-ST-ZIP				4. CITY-ST-ZIP 1 TITLE		Change Addition
	*	<u>.</u>		2 NAME		_ ,
NAME STREET ADDRESS		34 1		3 STREET ADDRESS	•	1
CITY-ST-ZIP				4 CITY-ST-ZIP		1
TITLE				1 TITLE		☐ Change ☐ Addition
NAME			5.3	2 NAME	the second	
STREET ADDRESS	1					
	, a		5.3	3 STREET ADDRESS		
CITY-ST-ZIP	A		5.4	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	- 2.1	

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, if on a stachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: