

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

55 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

DOCUMENT # P94000039059 (8)

1. Corporation Name

ALL AMERICAN RESTORATION INC.

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062-5209

Mailing Address

2213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062-5209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country 24 25 29 30

4. FEI Number

65-0492137

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

9. Name and Address of Current Registered Agent

RAHMY, HANY
2213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062-5209

10. Name and Address of New Registered Agent

81 Name GREG A. QUINN

82 Street Address (P.O. Box Number is Not Acceptable)
2213 E Atlantic Blvd

83 City Pompano Beach

FL

85 Zip Code 33062

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 *Greg A. Quinn*

NOTE: Registered Agent signature required when submitting

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME QUINN, GREG A
STREET ADDRESS C/O 2213 E. ATLANTIC BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE STD
NAME CARSON, JAY A
STREET ADDRESS C/O 2213 E. ATLANTIC BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

REMITTED BY MAY 1

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 110.07(3)(b), 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: *Greg A. Quinn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg A. Quinn

Date

(305) 785-2455
Charter Number 8