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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 11 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P94000048372 (4)

ALL-SERVICE REAL ESTATE, INC.				
Principal Place of Business	Mailing Address		- 1 16414194 DIA IRDII RIBII AAKI 18411 AAIII BAIII BAIII BIIRA)	ANNO AIRII ANNO RAN ANN
1012 ATLANTIC AVE	1012 ATLANTIC AVE			
SUITE A	SUITE A		50 M67 M77 M 7 M6	
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL		32034	DO NOT WRITE IN THIS S	PACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		06/29/1994	A - its d Fa-
<u></u> '	<del>                                     </del>		4. FEI Number	Applied For
Suite, Apt. #, etc	Suite, Apt #, etc.		59-3253586	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the curr	
24 25	29	30		les □ No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent
LYLE, BARBARA J		81 Name		
1012 ATLANTIC AVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUITE A		Oli dot rida	odd (r.e. box rtarrbor to riot rioddpiable)	
FERNANDINA BEACH FL 32034		83		
		84 City		85 Zip Code
		'	FL	1 '
Pursuant to the provisions of Sections 607.0502 office or registered agont, or both, in the State of agent. I am familiar with, and accord the obligation SIGNATURE    Signature, typed or profined pure of registered agent.		es, me above-hamed corporat authorized by the corporat orida Statutes.  E. Registered Agent signature requir		changing its registered
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE		Change Addition
NAME LYLE, BARBARA J.		1.2 NAME		
STREET ADDRESS 895 NISSEN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP FERNANDINA BEACH FL		1.4 CITY - ST - ZIP		
TITLE D	DELETE	2.1 TITLE		Change Addition
NAME BOND, JOAN B.		2.2 NAME		
STREET ADDRESS 533 TARPON AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP FERNANDINA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	31 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS				
CITY-ST-ZIP		3.3 STREET ADDRESS		
TITLE		3.9 STREET ADDRESS . 3.4. City-St-Zip		
NAME	DELETE			Change Addition
STREET ADDRESS	☐ DELETE	3.4. CiTY-ST-ZiP		Change Addition
	☐ DELETÉ	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
CITY-ST-ZIP	☐ DELETE	3.4 City-St-zip 4.1 Title 4.2 NAME		Change Addition
1	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
CITY-ST-ZIP TITLE NAME		3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition

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 chapted, or on an attachment with an address.