

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**95 JUN 29 AM 8:15**

**DOCUMENT # P94000050455 (2)**

1. Corporation Name

**ALL STATES LIST, INC.**

Principal Place of Business

Mailing Address

3208C E COLONIAL DRIVE SUITE 169  
 ORLANDO FL 32803

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 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/05/1994

4. FEI Number

59-3264270

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. 189.032, Florida Statutes

Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERICAL, LEIA  
 478 N PIN OAK PLACE #204  
 LONGWOOD FL 32779

81 Name

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

457 SONGBIRD WAY

83

84 City

Apopka

FL

85 Zip Code 32712

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

*Leia P. Merical*

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

(NOTE: Registered Agent signature required when reconstituting)

6-24-95

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

D  
 MERICAL, JAMES  
 478 N PIN OAK PLACE #204  
 LONGWOOD FL 32779

D  
 MERICAL, LEIA  
 478 N PIN OAK PLACE #204  
 LONGWOOD FL 32779

1. TITLE  
 2. NAME  
 3. STREET ADDRESS  
 4. CITY - ST - ZIP

21. TITLE  
 22. NAME  
 23. STREET ADDRESS  
 24. CITY - ST - ZIP

31. TITLE  
 32. NAME  
 33. STREET ADDRESS  
 34. CITY - ST - ZIP

41. TITLE  
 42. NAME  
 43. STREET ADDRESS  
 44. CITY - ST - ZIP

51. TITLE  
 52. NAME  
 53. STREET ADDRESS  
 54. CITY - ST - ZIP

61. TITLE  
 62. NAME  
 63. STREET ADDRESS  
 64. CITY - ST - ZIP

Change  Addition

457 SONGBIRD WAY  
 Apopka, FL 32712

Change  Addition

457 SONGBIRD WAY  
 Apopka, FL 32712

Change  Addition

Change  Addition

Change  Addition

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 110.07(3)(a), 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:

*Leia P. Merical* LEIA P. MERICAL

6-24-95 407--880-7060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Chapter 119.02

CR2E034 (3/95)