SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUS , 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RE ATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT STATE
Sandra B. Mortha
Secretary of Stat
DIVISION OF CORPOR ONS

DOCUMENT # **P95000010452 (7)**

1. Corporation Name

ALL NET ENTERPRISES, INC.

Principal Place of Business	Mailing Address
239 NEW GATE LOOP HEATHROW FL 32746	239 NEW GATE LOOP HEATHROW FL 32746

3. Date Incorporated or Qualified: 02/03/1995 | 3a. Date of Last Report:

2. Principal Place of Business
21: 319 N. Forncreek Ave.
22: Suite, Apt. #, etc.
23: City & State: Orlando, Florida
24: Zip: 32803 | 25: Country: USA

2a. Mailing Address
26: 319 N. Forncreek Ave.
27: Suite, Apt. #, etc.
28: City & State: Orlando Florida
29: Zip: 32803 | 30: Country: USA

4. FEI Number: 59-3302782 | 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

HINSON, ROY M JR
239 NEW GATE LOOP
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** | 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when adding)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINSON, ROY M JR 239 NEW GATE LOOP HEATHROW FL 32746	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	C/P/T Roy Hinson JR 239 New Gate Loop Heathrow, FL. 32746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/V/S Tina Hinson 239 New Gate Loop Heathrow, FL. 32746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Nancy Kastner 311 Monashe Ct Longwood, FL. 32779	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D John Hood 255 S. Orange Ave. Suite 1301 Orlando, FL. 32801	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/9/96 407-897-6016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #