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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000010452 (7)

FILED Jan 22 1998 8:00am Secretary of State

ALL N	et enterprises, inc.					
Principal Place	e of Business	Mailing Address				IN OCHU CACOLONIA HIDE HODE
319 N FERN CREEK AVE 319 N FERNCREEK AVE ORLANDO FL 32903 US US			E		DO NOT WRITE IN THIS	SPACE
•					3. Date Incorporated or Qualified	
9 Principal D	lace of Business	28, Mailing Address			02/03/1995 4. FEI Number	
2. Principal Pi	5.R. 434N	28. 995 S.R.	112	WAT		Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			73	770	59-3302782	\$8.75 Additional
22 Suite 2721 27 Suite 276			21		5. Certificate of Status Desired	Fee Required
City & State	9	City & State			8. Election Campaign Financing	\$5.00 May Be
23 ALtu	mande SPRINGS, FL.	28 Altamonte	SPA	ings, FL.	Trust Fund Contribution	Added to Fees
Zip 24 3271	Country	Zip		intry ,	8. This corporation owes or has paid the cur	
24 3271	9. Name and Address of Curren	29 327/4	30 (). 3 .	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
UII	· 	it Hogistered Agent		81 Name	10. Harrie Bild Addisos of from Hogistered	Agoin
				82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
, ,,	241111044 16 02140			83		
				84 City		85 Zip Code
				City	FL	85 Zip Code
11. Pursuant to office or re agent. Lai	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	tes, the a authorize lorida Sta	bove-named corp d by the corporat tutes.	poration submits this statement for the purpose o tion's board of directors. I hereby accept the app	f changing its registered pointment as registered
SIGNATURE		,				}
	Signature, typed or printed name of registered agu			d Agent signaturo requir		
12.	OFFICERS ANI	D DIRECTORS DELETE	13.	*.E	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
TITLE	HINSON, ROY M JR	C DECEIE	1.1 TI 1.2 N	}		Claude Divigingly (2)
NAME Street Address	239 NEW GATE LOOP			ireet address		8
CITY-ST-ZIP	HEATHROW FL		1	TY-S1-ZIP		<u>מ</u>
TITLE	V	DELETÉ 2.1 T				☐ Change ☐ Addition C
NAME	HINSON, TINA L		2.2 N	AME		
STREET ADDRESS	239 NEW GATE LOOP		2.3 S	TREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		2.40	ITY-ST-ZIP	<i>**</i> ‡	
TITLE		☐ DELETE	3.1 TI	TLE		Change Addition
NAME			3.2 N/	AME [
STREET ADDRESS			3.3 S	FREET ADDRESS		
CITY-ST-ZIP		DOLLIE		ITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TI			☐ Change ☐ Addition
NAME OTOSSY ADDRESS			4.2 N			
STREET ADDRESS				REET ADDRESS		
CITY-S1-ZIP TITLE		☐ DÉLETE	5.1 TI	TY-ST-ZIP		Change Addition
NAME			5.2 N/			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			1	TY-ST-ZIP		ĺ
TITLE	<u></u>	☐ DELEYE	6.1 TI			Change Addition
NAME			6.2 N/	AME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-S1-ZIP		
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify f	or the exe	emption stated in	Section 119.07(3)(i), Florida Statutes. I further care shall have the same legal effect as if made un	rtify that the information

indicated on this annual report or supplemental annual report is trugand accurate and that my signature shall have the same legal effect as it made under oath; that I am a officer or director of the corporation of the free root trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an arrachment with an address.