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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000013114 (0)

ALL-TECH CO., INC.

小田 ランヤナ

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address							
1840 POLK ST. 12		PO BOX 220227	•						
HOLLYWOOD FL \$3020		HOLLYWOOD FL 33022-0227							
·						3, Date Incorporated or Qualified 02/09/1995		e of Last f 0/1996	Report
2. Principal Place	of Business	2a. Mailing Addres	ss			4. FEI Number		A	pplied For
21		26				65-0570086	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27							tequired
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be		
23			Z _I D Country			Trust Fund Contribution			
Zip	Country	'		Country		8. This corporation has liability for in	intangible tax under s. 199.032,		
24	25 29 30 30 Name and Address of Current Registered Agent		[30]	- 		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
		negistered Agent		81	Name	10, Marile and Address of North Flog	1510104 A	90111	
	EK, RICHARD J			L					
	OLK ST, 12		B2 Street Ad			dress (P.O. Box Number is Not Acceptabl	e)		
HULLTI	WOOD FL 33020			83	·				
				84	City		FL	85 Zip	Code
14 Purcuant to th	no provisions of Sections 607.05.05	2 and 607 1508 Florids	Statutos the a	bow	named co	rporation submits this statement for the po		changing	its registered
office or regis	stered agent, or both, in the State :	of Florida. Such chang	e was authorize	d DV	/ the corbora	ation's board of directors. I hereby accep	the appo	intment a	s registered
agent. I am fe	amiliar with, and accept the obliga	itions of, Section 607.0	505, Florida Stal	lutes	S.				
SIGNATURE	valure, typed or printed name of registerno acids	d and the if workenide	(NOTE Beginner)	d And	ort Signature regu	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		org know 124	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
	D DELETE			1.1 TITLE				Change	
	TREPEK, RICHARD J		1.2 N	AME					
	840 POLK ST, 12		1.3 \$	TREFT	ADDRESS				
	IOLLYWOOD FL 33020		. 1.4 C	ITY-S	iT-ZIP				
TITLE		DEL	DELETE 2.1 TI					Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS		•	238	IREET	ADORESS				
CITY-ST-ZIP			2.40	ШY-3	S1-ZIP	,			
TITLE		DEL	ETE 3.1 71	TLE				Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			33S	IKEE1	ADDRESS				
CITY-ST-ZIP				ITY-	S1 - ZIP				
TITLE		☐ DEŁ	ETE 4.1 30	1LE				Change	Addition
NAME			4.21	IAME					
STREET ADDRESS			4.3 S	THEE I	ADDRESS				
CITY - ST - ZIP				IY - \$	ST - 21P				
TITLE		☐ DEL					l	Change	Addition
NAME	: ;		5.2 %						
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP	 				S1 - ZIP				
TITLE		☐ DEL					ļ	Change	☐ Addition
NAME			6.2 N						
STREET ADDRESS			6.3 \$	IREET	ADDRESS				
CITY-ST-ZIP			6.4 C	11Y - S	T-ZIP				
14. I do hereby o	certify that the information supplied	with this filing does no	ot qualify for the	OXC	mption state	ed in Section 119.07(3)(i), Florida Statutes	. I further	certify tha	it 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 supportation or the receiver or trustee empowered to execute this prort 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 a yaddless.