

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000014757 (5)**

1. Corporation Name  
**ALL REBAR SERVICES, INC.**



Principal Place of Business: **C/O STEPHEN G. WILLIAMS, 2650 NE 52ND ST., LIGHTHOUSE POINT FL 33064-7052**  
Mailing Address: **C/O STEPHEN G. WILLIAMS, 2650 NE 52ND ST., LIGHTHOUSE POINT FL 33064-7052**

3. Date Incorporated or Qualified: **02/15/1995**  
3a. Date of Last Report

2. Principal Place of Business  
21 **317 NE 71st Street**  
22 Suite, Apt. #, etc.  
23 **Miami, FL**  
24 **33138**  
25 Country  
26 **317 NE 71st Street**  
27 Suite, Apt. #, etc.  
28 **Miami, FL**  
29 **33138**  
30 Country

4. FEI Number: **65-0472868**  
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  
**WILLIAMS, STEPHEN G  
2650 NE 52ND ST.  
LIGHTHOUSE POINT FL 33064-7052**

10. Name and Address of New Registered Agent  
81 Name: **Anderson, Norman S**  
82 Street Address (P.O. Box Number is Not Acceptable): **317 NE 71st Street**  
83  
84 City: **Miami, FL** 85 Zip Code: **33138**

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: *Stephen G. Williams* (Signature typed in printed name of registered agent and the last name of the corporation)  
*Norman S. Anderson* (Signature typed in printed name of new registered agent)  
DATE: **6-7-96**

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	ANDERSON, NORMAN S	
STREET ADDRESS	867 HERMAN AVE.	
CITY - ST - ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>800001908638</b>
5.3 STREET ADDRESS	<b>-07/30/96--01157--006</b>
5.4 CITY - ST - ZIP	<b>***225.00</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman S. Anderson* (Signature typed in printed name of signing officer or director)  
DATE: **5/20/96**  
BANKING PHONE: **305 757-0100**

CR2E034 (12/95)