

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000021828 (5)**

1. Corporation Name
ALL-COUNTY PROPERTY SERVICES, INC.



Principal Place of Business 1620 N.E. 32 PLACE POMPANO BEACH FL 33064	Mailing Address 1620 N.E. 32 PLACE POMPANO BEACH FL 33064-6730
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3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 1446 NW 83 Drive Suite, Apt. #, etc. 22 City & State 23 Coral Springs, FL. Zip 24 33071	2a. Mailing Address 26 1446 NW 83 Drive Suite, Apt. #, etc. 27 City & State 28 Coral Springs, FL. Zip 29 33071	4. FEI Number 65-0568626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COON, RANDY J		1.2 NAME Coon, Randy	
STREET ADDRESS 1620 N.E. 32 PLACE		1.3 STREET ADDRESS 1446 NW 83 Dr	
CITY-ST-ZIP POMPANO BEACH FL	(new address ->)	1.4 CITY-ST-ZIP Coral Springs, FL 33071	
TITLE DVPS	<input type="checkbox"/> DELETE	2.1 TITLE DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COON, JILL M		2.2 NAME Coon, Jill	
STREET ADDRESS 1620 N.E. 32 PLACE		2.3 STREET ADDRESS 1446 NW 83 Dr.	
CITY-ST-ZIP POMPANO BEACH FL	(new address ->)	2.4 CITY-ST-ZIP Coral Springs, FL 33071	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy Coon DVPS

Date

4/22/97

Daytime Phone #

954-344-6706

0147486

CR2E034 (9/96)