

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 # P95000027864 (4)

1. Corporation Name

ALL FIT PRODUCTS, INC.



Principal Place of Business

**2006 N. FEDERAL HIGHWAY
BOCA RATON FL 33431**

Mailing Address

**2006 N. FEDERAL HIGHWAY
BOCA RATON FL 33431**

3. Date Incorporated or Qualified
04/05/1995

3a. Date of Last Report

2. Principal Place of Business

21 **1740 Semoran Blvd**

2a. Mailing Address

26 **POST OFFICE BOX 4185**

4. FEI Number
65-0575692

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 108**

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **WINTER PARK, FL**

28 **WINTER PARK, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Zip

24 **32792**

25 **SEMINOLE**

29 **32793-4185**

30 **SEMINOLE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUELLER, FRED
2006 N. FEDERAL HIGHWAY
BOCA RATON FL 33431**

81 Name

MUELLER, FRED

82 Street Address (P.O. Box Number is Not Acceptable)

1740 SEMORAN BLVD

83

SUITE 108

84 City

WINTER PARK,

FL

85 Zip Code
32792

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 607.0509, Florida Statutes.

SIGNATURE

Fred Mueller

(NOTE: Registered Agent signature required when reinstating)

4/20/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MUELLER, FRED**
CITY-ST-ZIP **2006 N. FEDERAL HIGHWAY
BOCA RATON FL 33431**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/p** ☒ Change ☐ Addition
1.2 NAME **MUELLER, FRED**
1.3 STREET ADDRESS **1740 SEMORAN BLVD.#108**
1.4 CITY-ST-ZIP **WINTER PARK, FL 32792**

2.1 TITLE **V/P** ☐ Change ☒ Addition
2.2 NAME **MUELLER, BONNIE**
2.3 STREET ADDRESS **1740 SEMORAN BLVD #108**
2.4 CITY-ST-ZIP **WINTER PARK, FL 32792**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **FRED MUELLER, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Mueller

407-677-9956

Daytime Phone #

CR2E034 (12/95)