

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 # P95000030494 (5)

1. Corporation Name

IT TAKES ALL TYPES, INC.



Principal Place of Business

5980 SW 63RD COURT
SO. MIAMI FL 33143

Mailing Address

5980 SW 63RD COURT
SO. MIAMI FL 33143

2. Principal Place of Business

2a. Mailing Address

21 6850 SW 80 STREET

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FL

28

Zip

Country

Zip

Country

24 33143

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

4. FLL Number

65-0584132

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

DIANNE S WALKER

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

83

6850 SW 80 STREET

84 City

MIAMI

FL

85 Zip Code

33143

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
WALKER, DIANNE S
STREET ADDRESS 5980 SW 63RD COURT
CITY-STATE-ZIP SO. MIAMI FL 33143

TITLE ☐ DELETE

NAME VD
WALKER, LOUISE S
STREET ADDRESS 10338 CARROLLWOOD LANE
CITY-STATE-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME STD
WALKER, H B
STREET ADDRESS 3712 HENDERSON BLVD.
CITY-STATE-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

6850 SW 80 STREET
MIAMI FL 33143

1.4 CITY-STATE-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

736 ISLAND WAY
#1004

2.4 CITY-STATE-ZIP

CLARKWATER, FL 33430

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(c), 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

4-23-96 305-667-9843
Date Daytime Phone #

CR2E034 (12/95)