

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

FILED
May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Mertham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # (4)
 1. Corporation Name
 LTAWORSE INC. P95000033897
 All American Legal Services, Inc.

Principal Place of Business: 350 EAST PINE STREET ORLANDO FL 32801
 Mailing Address: 350 EAST PINE STREET ORLANDO FL 32801-2706

3. Date Incorporated or Qualified: 12/19/1996
 3a. Date of Last Report: [Blank]
 4. FEI Number: 59-3312303
 Applied For: [Blank] / 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

2. Principal Place of Business: [Blank]
 21. Suite, Apt. #, etc: [Blank]
 22. [Redacted]
 23. [Redacted]
 24. Zip: [Blank] Country: [Blank]
 25. [Blank] 29. Zip: [Blank] 30. Country: [Blank]

9. Name and Address of Current Registered Agent
BRADFORD, CARTER A
130 HILLCREST STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent
 81. Name: [Blank]
 82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
 83. [Blank]
 84. City: [Blank] FL 85. Zip Code: [Blank]

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: _____ (NOTE: Registered Agent's signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Andrew E. Fornesi	
STREET ADDRESS	350 East Pine Street	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	Chairman of Board	<input type="checkbox"/> DELETE
NAME	Andrew William Fornesi J.R.	
STREET ADDRESS	350 E. Pine Street	
CITY-ST-ZIP	Orlando, FL 32801	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

4/5/98/97

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14. I do hereby certify that the information contained in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and my name appears in Block 12 or Block 13. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that my name does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.

SIGNATURE: _____ President _____ 4-30-97