

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000047988 (7)

1. Corporation Name

ALL AMERICAN FINANCIAL SERVICES, INC.



Principal Place of Business

7211 N. DALE MABRY, STE. 200
TAMPA FL 33614

Mailing Address

7211 N. DALE MABRY, STE. 200
TAMPA FL 33614

2. Principal Place of Business

21 3802 Ehrlich Rd.

2a. Mailing Address

26 3802 Ehrlich Rd.

Suite, Apt. #, etc.

22 306 Ste.

Suite, Apt. #, etc.

27 Ste. 306

City & State

23 Tampa, FL.

City & State

28 Tampa, FL.

Zip

24 33624

Country

25 Hillsborough

Zip

29 33624

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/20/1995

3a. Date of Last Report

4. FEI Number

59-3323333

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

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Franklin Lefler Jr.

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

311 Belle Chase Cir.

83

84 City

Tampa

FL

85 Zip Code

33634

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 *Franklin Lefler Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

5-6-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME GENUA, VITO R
STREET ADDRESS 7211 N. DALE MABRY, STE. 200
CITY-ST-ZIP TAMPA FL 33614

TITLE STD ☐ DELETE

NAME LEFLER, FRANKLIN JR.
STREET ADDRESS 7211 N. DALE MABRY, STE. 200
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME Lefler, Franklin Jr.
2.3 STREET ADDRESS 3802 Ehrlich Rd., Ste. 306
2.4 CITY-ST-ZIP Tampa, FL 33624

3.1 TITLE STD ☐ Change ☒ Addition

3.2 NAME Alvarez, Robert G.
3.3 STREET ADDRESS 3802 Ehrlich Rd., Ste. 306
3.4 CITY-ST-ZIP Tampa, FL 33624

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:

Franklin Lefler Jr. Franklin Lefler Jr. 5-6-96 (813) 961-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)