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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000052344 (5)

1. Corporation Name

ALL NET FINANCIAL, INC.



Principal Place of Business

Mailing Address

804 M.L.K., E
SEFFNER FL 33584

804 M.L.K., E
SEFFNER FL 33584

2. Principal Place of Business

2a. Mailing Address

21 11715 Dr. MLK

26 P.O. Box 1735

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Seffner FL

28 Seffner FL

Zip Country

Zip Country

24 33584

25 Hills

29 33583

30 Hills

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNDON, CHAD J
804 M.L.K., E
SEFFNER FL 33584

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HERDON, CHAD
STREET ADDRESS 808 DR. MLK BLVD.
CITY-ST-ZIP SEFFNER FL 33584

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VP
NAME MONTS DE OCA, JERRY L
STREET ADDRESS 8152 SHENANDOAH RUN
CITY-ST-ZIP WESLEYCHAPEL FL 33544

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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]

CR2E034 (9/96)