

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 # P95000061032 (5)

1. Corporation Name

ALL AMERICAN NUMBER SYSTEM CORPORATION



Principal Place of Business

12800 UNIVERSITY DRIVE
ONE UNIVERSITY PR. SUITE 600
FORT MYERS FL 33907

Mailing Address

12800 UNIVERSITY DRIVE
ONE UNIVERSITY PR. SUITE 600
FORT MYERS FL 33907

3. Date Incorporated or Qualified

08/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 FT Myers, FL

26 12730 NEW Brittany Blvd #431

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 431

27 431

City & State

City & State

23 FT Myers FL

28 FT Myers FL

Zip

Zip

24 33907

29 33907

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TELLEFSEN, SOLFRID
12750 COMMONWEALTH DR.
FT. MYERS FL 33913

81 Name

Solfrid Tellefson

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

12730 NEW Brittany Blvd

83

431

84 City

FT Myers

FL

85 Zip Code

33907

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 am not the same person as, the person named in 607.0505, Florida Statutes.

SIGNATURE

Carleff

(NOTE: Registered Agent signature required when reinstating)

03.01.96

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
1.2 NAME
12800 UNIVERSITY DRIVE, #600
FORT MYERS FL 33907

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE: *Carleff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Seljestad Carl Jorgen
12730 NEW Brittany Blvd
#431, FT Myers FL 33907

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

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.

CR2E034 (12/95)