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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

813-789-3411

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000073771 (4)

ALL DATA SUPPLIES, INC.

SIGNATURE:

Principal Place of Business Mailing Address					## DOILO #DDD## #### LLE## ##DDD 10## #DDD
9546 DEER RUN SOUTH P.O. BOX 877					
-PALM HARBOR	FL 04692	PALM HARBOR FL 94692	0077		
	1	1		3. Date Incorporated or Qualified	3a. Date of Last Report
V				09/25/1995	03/29/1996
2. Principal P	lace of Business	2a. Mailing Address	_	4. FEI Number	Applied For
21 /336	HOMESTEAD DRIVE	26 /336 HOM	ESTEAD DRIV	ደ 59-3332375	Not Applicable
Suite, Apt	#, etc	Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	**************************************	Certificate of Statos Desired	Fee Required
City & State		City & State	00.0 151	6. Election Campaign Financing	\$5.00 May Be
23 /HLM	HARBOR, PL	28 FALM HA	RBA, FL	Trust Fund Contribution	Added to Fees
24 3468	83 25 PINELLAS	29 34683	PINELLAS	This corporation has liability for	r intangible tax under s. 199,032, ☐ Yes No
24 3 1 6 6	9. Name and Address of Current		[30] 7	Florida Statutes 10. Name and Address of New R	
CAL	ACETO, ROBERT D	······ Z 	81 Name		
	B DEER RUN SOUTH		20 0		
PALM HARBOR FL 34682 B2 Street Address B3				ddress (P.O. Box Number is Not Accepta	iple)
			04 05		
			84 City		FL 85 Zip Code
office of re	to the provisions of Sections 607,0502 egistered agent, or both, in the State of in familiar with, and accept the obligat	il Florida. Such change was	s authorized by the corpo	corporation submits this statement for the pration's board of directors. I hereby acci	purpose of changing its registered ept the appointment as registered
SIGNATURE					
	Styriatine, type dior printed oxene of registered ages?		OTE Registered Agent signature re		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
117(1)	CALACETO, ROBERT D	DELETE	1.1 TITLE	CALACTE DON'T	Change Addition
NAME DEVEST ADDRESS	-P O BOX 677		1.2 NAME	CALACETO ROBERT))
STREET ADDRESS	PALM HARBOR FL 34002		1.3 STREET ADDRESS	1336 MOMESTERS DR	34683
CITY-S1-ZIP TITLE		DELETE	1.4 CHY-ST-ZIP 2.1 TITLE	PACH MAKESA, PL	Change Addition
NAME			22 NAME		Commission Commission
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - \$1 - 7(P			2. 4 CITY-ST-ZIP		
THE		DELETE	3.1 TITLE	<u>`</u>	Change Addition
NAME			3 2 NAME		• ;
STREET ADDRESS			3.3 STREET ADDRESS		
C(TY+ST+Z)P			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	**************************************	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		***	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAVE			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-7IP		T beine	54 CITY-ST-ZIP		
TITLE		L DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP	Land to all the state of the st		6.4 CITY-ST-ZIP	and in October 440 870000 Plants	16.46
informatio	oy cerary mat the information supplied on indicated on this <u>ann</u> ual repo rto r su	with this tiling does not qua pplemental annual report is	uily for the exemption sta strue and accurate and t	ated in Section 119.07(3)(i), Florida Statut that my signature shall have th e same lec	es. I rurther certify that the gath: that l
Lam an o' appears i	fficer or director of the corporation or t in Block 12 or Block 13 if directed, or i	he receiver or trusten onpo on an attachment with an a	owered to execute this re adress	that my signature shall have the same leg port as required by Chapter 677, Florida	Statutes; and that my name