

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000074426 (4)

1. Corporation Name

ALL AMERICAN BADGE COMPANY, INC.



Principal Place of Business

Mailing Address

9650 S.W. 16TH COURT
PEMBROKE PINES FL 33025

9650 S.W. 16TH COURT
PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified

09/27/1995

3a. Date of Last Report

3/31/96

2. Principal Place of Business

2a. Mailing Address

21 120 N.W. 207th Way

26 P.O. Box 823461

4. FEI Number

105-0614234

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

23 City & State

Pembroke Pines, FL

28 City & State

South Florida, FL

24 Zip

33029

25 Country

Broward

29 Zip

33082

30 Country

Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TADDEO, PATRICIA P
9650 S.W. 16TH COURT
PEMBROKE PINES FL 33025

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 fee (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 ☐ DELETE

NAME DP
TADDEO, PATRICIA P
STREET ADDRESS 9650 S.W. 16TH COURT
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ DELETE

NAME ST
TADDEO, ANTHONY R
STREET ADDRESS 9650 S.W. 16TH COURT
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ DELETE

NAME V
TADDEO, FRANK A
STREET ADDRESS 9650 S.W. 16TH COURT
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Patricia P. Taddeo/PATRICIA P. TADDEO

8/6/96

(305) 558-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)