

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000084442 (9)**

1. Corporation Name
ALL-HOME SERVICES INC.



Principal Place of Business Mailing Address
~~1942 BEACH PKWY. #204~~
~~CAPE CORAL FL 33904~~
6258 PRESIDENTIAL CT
SUITE #205
FT. MYERS FL 33919

3. Date Incorporated or Qualified **10/25/1995** 3a. Date of Last Report
4. FEI Number **65-0633576** Applied For
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
~~RUSSELLO, VINCENT~~
~~1942 BEACH PKWY. #204~~
~~CAPE CORAL FL 33904~~

10. Name and Address of New Registered Agent
81 Name **RICHARD A. MILLER**
82 Street Address (P.O. Box Number is Not Acceptable) **3150 SHOREWOOD LANE #204**
83
84 City **FT. MYERS** FL 85 Zip Code **33907**

11. Pursuant to the provisions of Sections 607.0522 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 set forth in Sections 607.0505, Florida Statutes.

SIGNATURE: *Richard A. Miller* **RICHARD A. MILLER** 8-17-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELLO, VINCENT	
STREET ADDRESS	1942 BEACH PKWY. #204	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	RICHARD A. MILLER	<input type="checkbox"/> DELETE
NAME	6258 PRESIDENTIAL CT.	
STREET ADDRESS	SUITE #205	
CITY-ST-ZIP	FT. MYERS, FL. 33919	
TITLE	EDWARD J. ROUSSON	<input type="checkbox"/> DELETE
NAME	VICE P	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RUDOLFA A. NORMAN	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	RICHARD A. MILLER	
13 STREET ADDRESS	3150 SHOREWOOD LN #204	
14 CITY-ST-ZIP	FT. MYERS, FL. 33907	
21 TITLE	EDU VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	EDWARD J. ROUSSON	
23 STREET ADDRESS	108 OLEANDER RD	
24 CITY-ST-ZIP	LEHIGH, FL. 33936	
31 TITLE	SECRETARY/TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	RUDOLF A. NORMAN	
33 STREET ADDRESS	1613 N. HERMITAGE	
34 CITY-ST-ZIP	FT. MYERS, FL. 33919	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	800001842078	
54 CITY-ST-ZIP	-05/29/96--01022--044	
61 TITLE	***200.00	
62 NAME		
63 STREET ADDRESS		
64 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: *Richard A. Miller* **RICHARD A. MILLER** (941) 489-9906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)