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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000089788 (0) DOCUMENT #
1. Corporation Name

ALLROUND TRADING CO.

FILED Mar 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										0 10 10111 16001 1 01	Di 1814 1881	
3345 NORTHE	AST 20 AVENUE	3345 N	3345 NORTHEAST 20 AVENUE									
FORT LAUDER	RDALE FL 33306	FORT L	FORT LAUDERDALE FL 33306					DO NOT WRITE IN THIS SPACE				
							ļ	3. Date Incorporated or Qualified		d di AOL	-	
								11/27/1995				
9 Principal Pl	ace of Business	2a Maili	ng Address			-		4. FEI Number		An	plied For	
21	ace of Dosiness	26	ing / todiese					65-0622676		- 1 `	1 Applicable	
Suite, Apt. :	# etc		Suite, Apt. #, etc.							\$8.75		
22		ļ 1	27					5. Certificate of Status Desired		Fee Re		
City & State	3		City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28	28					Trust Fund Contribution		Added t		
Zip	Country	Zip	Zip Country					8. This corporation owes or has p	aid the c			
24	25	29		30				Personal Property Tax due Jur			No	
	9. Name and Address of Curr				1			10. Name and Address of New F	legistere	d Agent		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD					81	Nam	е					
	ALMERIA AVENUE					Stree	t Addres	Address (P.O. Box Number is Not Acceptable)				
co	RAL GABLES FL 33134				83							
					84	City				. 85 Zip (Code	
					ľ				F			
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 proted name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE										i		
12.		ND DIRECTORS		13.	3 7 19 0	- Orginal	310 10 qu. 00	ADDITIONS/CHANGES TO OFF		ND DIRECTOR	S IN 12	
TITLE	PTD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	1.1 11	TLE		1			Change	Addition	
NAME	SCHAEFER, HERMANN J			1.2 N/	AME							
STREET ADDRESS	3345 NORTHEAST 20 AVE	IUE	1.3 STREET ADDRESS			ADDRESS	s					
CITY-ST-ZIP	FORT LAUDERDALE FL 333	106		1.4 Ci	TY-S	T - Z(P						
TITLE	VSD		DELETE	2.1 71			1			Change	Addition	
NAME	SCHAEFER, HANNELORE L			2.2 N	AME							
STREET ADDRESS	3345 NORTHEAST 20 AVE	IUE		2.3 \$1	2.3 STREET ADDRESS		3					
CITY-ST-ZIP	FORT LAUDERDALE FL 333	106		2.40	ITY-S	ST-ZIP						
TITLE			☐ DELETE	3.1 T(TLE					Change	Addition	
NAME				3.2 N	AME							
STREET ADDRESS				3 3 S	TAEET	ADDRES:	s					
CITY-ST-ZIP				3.4. 0	ITY-S	T - ZIP						
TITLE			☐ DELETE	4.1 Ti	TLE					Change	Addition	
NAME				4.2 N	IAME							
STREET ADDRESS				4.3 S	REET	ADDRESS	3					
CITY-ST-ZIP				4.4 C	TY-S	T-ZIP	<u> </u>					
TITLE			DELETE	5.1 TI	TLE					L Change	L Addition	
NAME				5.2 N	AME							
STREET ADDRESS				5.3 S	REET	ADDRESS	S					
CITY-ST-ZIP						T- ZIP					A 1 100	
TITLE			☐ DELETE	6.1 TI	TLE					Change	☐ Addition	
NAME				6.2 N	AME		1					
STREET ADDRESS				6.3 S	TREET	ADDRES	S					
CITY-ST-ZIP						T-ZIP		action 118 07/3Vi) Florida Statutes	3 dd		I-4	

I 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 is 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 efficer 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.

12-13-ep