

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000094624 (0)**

1. Corporation Name
ALL COMPLETE PAINTING & SERVICES, INC.
AZON Services Inc.



Principal Place of Business 11135 TEMPLE AVENUE SEMINOLE FL 34642	Mailing Address 11135 TEMPLE AVENUE SEMINOLE FL 33772-2022
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2. Principal Place of Business 21 13202 Boca Ciega Ave N Suite, Apt #, etc. 22 N City & State 23 Madeira Bch Florida Zip 24 33708		2a. Mailing Address 26 13202 Boca Ciega Ave N Suite, Apt #, etc. 27 N City & State 28 Madeira Bch Florida Zip 29 33708 Country 30 U.S.A.		3. Date Incorporated or Qualified 12/13/1995	3a. Date of Last Report 04/29/1996
		4. FEI Number 59-3361094		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ZIERDEN, JOYCE A 11135 TEMPLE AVENUE SEMINOLE FL 34642		10. Name and Address of New Registered Agent 81 Name Kent Kelley c/o Baric Commodities, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 1155 Louisiana Ave, # 106 83 84 City Winter Park FL 85 Zip Code 32789	
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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 *Kent Kelley* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIERDEN, ROBERT S	1.2 NAME	
STREET ADDRESS	11135 TEMPLE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JAMES W	2.2 NAME	
STREET ADDRESS	13202 BOCA CIEGA AVE NO APT N	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADERIA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIERDEN, JOYCE A	3.2 NAME	
STREET ADDRESS	11135 TEMPLE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *James W Kelley* SIGNATURE REQUIRED *Kent Kelley* 4/24/97 813-319-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)

DW 5-6-97

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