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

CORPORATION ANNUAL REPORT





Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500009304 (7)

I. Corporation Name	00009030+ (1)	
ALL TRENDS ENTERPRISES	S, INC.	
Principal Place of Business	Mailing Address	
307 E 11 STREET PANAMA CITY FL 32401	307 E 11 STREET PANAMA CITY FL 32401	



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MINNE OIL	FL SETUI					3. Date Incorporated 12/18/1995	or Qualified	3a. D	Date of La		
Pencinal Place	ce of Business	2a. Mailing Address		_		4. FEI Number	ورورس	711	<u> </u>	Applie	
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Suite, Apt #,	elc	Suite, Apt. #, etc				5. Certificate of Statu	s Desired			75 Addi e Requir	
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City & State		City & State				6. Election Campaign				.00 Maj ided to Fr	-
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Zip	Country	Zip		ountry	•	8. This corporation re Florida Statutes	is naminy for	Yes [No No		,
	25	29	30			10. Name and Addre	s of New R	gistered	Agent		
	9. Name and Address of Cu	rrent Registered Agent		81	Name						
GAR	RNER, ANDREW					160 6 N.T.	Not Accounts	tilo)			
	E 11 STREET			82	Street Addr	ess (P.O. Box Number is	NOT MCCODIA	cae)			
	IAMA CITY FL 32401			83							
• • • • • • • • • • • • • • • • • • • •									. 85	Zip Coc	de
				84	City			F			
	o the provisions of Sections 607 egistered agent, or both, in the S		Orat dan about	<u> </u>	obmed corn	oration submits this state	ment for the	ourpose o	of changi	ng its reg	g stere
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I do hereby certify that the information indicated on this annual report or supplemental annual report is further certify that the information indicated on this annual report or supplemental annual report is made under oath, that I am an officer or director of the corporation or the receiver or trusted omitted that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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