

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

FILED

May 13 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 # **P96000005528 (0)**

1. Corporation Name
ALLES OF FLORIDA, INC.



Principal Place of Business 4040 SHERIDAN STREET HOLLYWOOD FL 33081 13900 NW 58 COURT MIAMI LAKES FL 33014	Mailing Address POST OFFICE BOX 7299 HOLLYWOOD FL 33069 PO BOX 4277 Hialeah FL 33014
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2. Principal Place of Business 21 13900 N.W. 58 Court	2a. Mailing Address 26 PO BOX 4277
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Miami Lakes, FL	28 City & State HIALEAH FL
24 Zip 33014	25 Country USA
29 Zip 33014-0277	30 Country USA

3. Date Incorporated or Qualified 01/18/1996	3a. Date of Last Report
4. FEI Number 65-0643718	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Schwartz, Joseph L 4040 SHERIDAN STREET HOLLYWOOD FL 33081 Joshua Berman	10. Name and Address of New Registered Agent 81 Name Joshua Berman 82 Street Address (P.O. Box Number is Not Acceptable) 13900 NW 58 COURT 83 84 City Miami Lakes FL 85 Zip Code 33014
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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: Joshua Berman, Pres. DATE: 1/23/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schwartz, Joseph L	1.2 NAME	Joshua Berman
STREET ADDRESS	4040 SHERIDAN STREET	1.3 STREET ADDRESS	521 SW 178 way
CITY-ST-ZIP	HOLLYWOOD FL 33081	1.4 CITY-ST-ZIP	Pembroke Pines, FL
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRACE, DONNA	2.2 NAME	MARTIN BERMAN
STREET ADDRESS	4040 SHERIDAN STREET	2.3 STREET ADDRESS	4611 S University Dr #224
CITY-ST-ZIP	HOLLYWOOD FL 33081	2.4 CITY-ST-ZIP	Davie FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	(PD) Philip Berman
STREET ADDRESS		3.3 STREET ADDRESS	6750 Brookfield Place
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Charlotte NC
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Robert A Berman (D)
STREET ADDRESS		4.3 STREET ADDRESS	3349 Hollywood oaks Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hollywood FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Sylvia M Berman (D)
STREET ADDRESS		5.3 STREET ADDRESS	3349 Hollywood oaks Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hollywood FL
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: Martin Berman SECRETARY 4-30-97 305-823-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)