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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025428 (9)

ALL NET PROPERTIES, INC.

Principal Pia	ice of Busine	5\$
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Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



5017 N. COOLII TAMPA FL 3361		5017 N. COOLIDGE TAMPA FL 33614-6421						
				3. Date Incorporated or Qualified 03/18/1996	3a. Date of Last Report			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	 	Applied For	
21 1/7/	5 Dr. MLK	26 P.U.BU) x /	735	59-3365122	ļ —	Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8. ⁻	75 Additional e Required	
City & State City & Country Country			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution					
Zip 24 33 35.	St 25 Hills		Country 8. This corporation has liability for intangible tax under s. 199.032, 100 1/2 1/3 1/4					
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent		
OCA	, JERRY M		8	1 Name				
5017 N. COOLIDGE TAMPA FL 33614			8	82 Street Address (P.O. Box Number is Not Acceptable)				
(Alti	1 A 1 C 000 14		ā	3				
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			8	4 City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the abo	ve-named co	rogration submits this statement for the n		na its rogistered	
office or r	egistered agent, or both, in the State	of Florida, Such change was a	uthorized	by the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	t the appointmen	nt as registered	
_	m tamiliar with, and accept the obliga	nons of, Section 607.0505, Fiol	nda Statul	es.			ł	
SIGNATURE	Signature, typed or printed name of registered ages	and title Lapplicable (NOT)	Registered /	gent signature reg	uirod when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	PS T	DELETE	1.1.7111.0			☐ Cha	nge 🔲 Addition	
NAME	OCA, JERRY M		1.2 NAM	F				
STREET ADDRESS	8152 SHENANDOAH RUN		1.3 STRE	F1 ADDRESS				
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		1.4 CHY	· S1 - ZIP				
TITUE	М	DELETE	2.1 1111			Cha	nge 🔲 Addition	
NAME	HERNDON, CHAD		2.2 NAM	{			ļ	
STREET ADDRESS	804 DR. MARTIN LUTHER KING	JR. BLVD.	2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SEFFNER FL 33584		2 4 0111	- ST - ZIP				
TITLE		☐ DELETE	3.1 1111			Cha	nge 🔲 Addition	
NAME,			3.2 NAM	E E				
STREET ADDRESS			3.3 STRE	E1 ADDRESS				
CITY-ST-ZIP			3.4. CITY	'- S1 - ZIP				
TITLE		☐ DELETE	4.1 1111	= 7		☐ Cha	nge 🔲 Addition	
NAME			4 2 NAM	16				
STREET ADDRESS			4.3 STRE	T1 ADDRESS			ĺ	
CITY-ST-ZIP			4.4 CITY	- S1 - ZIP				
TITLE,		L_) DELETE	5.1 11(1)			☐ Cha	nge 🔲 Addition	
NAME			5.2 NAM	ŧ			j	
STREET ADDRESS			53 STRE	ET ADDRESS			ĺ	
CITY-ST-ZIP				- ST - ZIP				
TITLE		☐ DELETE	6.1 TITU			☐ Cha	nge 🔲 Addition	
NAME			6.2 NAM	٤ (ĺ	
STREET ADDRESS	20		6.3 STRE	E1 ADDRESS			ì	
CITY-ST-ZIP				- ST - ZIP				
14. I do heret	by certify that the information supplied	with this filing does not qualify	for the e	kemption state	ed in Section 119.07(3)(i), Florida Statutes	. I further certify	that the	

4. 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 eath; 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: X CALLON VILLE CALLED