

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90021 032 \*\*\*150.00

03/01/99

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000047903**

1. Corporation Name  
**ALL AROUND DOCKS, INC.**



Principal Place of Business  
**151 FERN STREET  
 JUPITER FL 33477**

Mailing Address  
**151 FERN STREET  
 JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/31/1996**

4. FEI Number  
**65-0672731**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

9. Name and Address of Current Registered Agent  
**KILBRIDE, CHRISTOPHER  
 151 FERN STREET  
 JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2416 Country Oaks Ln.**  
 83  
 84 City **P.B.G.** FL 85 Zip Code **33410**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TPD KIBRIDE, CHRISTOPHER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2416 COUNTRY OAKS LN	1.2 NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD SINPSAG, TODD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1005 SW 34TH TERR	2.2 NAME	
STREET ADDRESS	PALM CITY FL 34990	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T PINCH, JON	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	319 4TH ST	3.2 NAME	
STREET ADDRESS	LAKE PARK FL 33403	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LANDOW, STUART	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	338 RIVER EDGE DR	4.2 NAME	
STREET ADDRESS	JUPITOR FL 33477	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D ROSON, CHRISTOR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 COMMODORE DR.	5.2 NAME	
STREET ADDRESS	JUPITER FL 33477	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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **3-8-99** DAYTIME PHONE #: **561-**

CR2E034 (11/98)