

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066867 (8)
1. Corporation Name
ALL SAINTS ENTERPRISES, INC.

Principal Place of Business
1047 BOCA COVE LANE
HIGHLAND BEACH FL 33487

Mailing Address
1047 BOCA COVE LANE
HIGHLAND BEACH FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/09/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0692160	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DUNN, LORETTA B
1047 BOCA COVE LANE
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, LORETTA B	1.2 NAME	
STREET ADDRESS	1047 BOCA COVE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBOWSKI, RITA	2.2 NAME	
STREET ADDRESS	1047 BOCA COVE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JOEL E	3.2 NAME	
STREET ADDRESS	5050 TOWN CENTER CIRCLE, STE 239	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON, JAMES C	4.2 NAME	
STREET ADDRESS	1700 SOUTH DIXIE HWY, #3D	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	4.4 CITY-ST-ZIP	
TITLE		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		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 both, with an address.

SIGNATURE: _____

4-70-98 561-338-8292

CR2E034 (10/97)