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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068327 (1)

ALLSTATE RESTORATION, INC.

FILED Feb 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				{		
21221 N.E. 24TH COURT 21221 N.E. 24TH COURT			г			
NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL				•	DO NOT WRITE IN TH	IIC CDACE
					3. Date Incorporated or Qualified	IS STACE
l					08/13/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	✓ Applied For
21 26			T-11-2-1	65-0691810	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		₁			5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & State		City & State			 	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	ed Agent
GLAZER, ERIC M ESO			81	Name		
20801 BISCAYNE BLVD.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
FOURTH FLOOR			83			
Į AV	ENTURA FL 33180		03			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	002 and 607, 1508, Florida Statul	tes, the abov	e-named corp	ovation submits this statement for the purpose	e 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		, , , , , , , , , , , , , , , , , , , ,				
Signature typod or printed name of registered agent and blind applicable (NOTE				ent signature requir	red when reinstaling) DATE	
12.	D OFFICERS A	NO DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	KRASNER, BENY		1.2 NAME			C cuarite C Account
STREET ADDRESS			1.3 STREET	r ADDRESS		
CITY-ST-ZIP	1000011 1444 H DELOIT EL 00105			ST-ZIP		
TITLE			2.1 TITLE			☐ Change ☐ Addition
NAME	KRASNER, ELY 22		2.2 NAME			İ
STREET ADDRESS			2.3 STREET	ADDRESS		ļ
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE			3 1 TITLE			Change Addition
NAME CTRCCT ADDRCCC	1		3.2 NAME	ADDRECC		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET	· · · · · · · · · · · · · · · · · · ·		
TITLE			4.1 TITLE	31-211		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE	DELETE		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	ľ		į
STREET ADDRESS			5.3 STREET	Į.		
CITY-ST-ZIP		DELETE	5.4 CITY-5	ST-ZIP		Change Addition
TITLE NAME		iii nereit	6.1 TITLE 6.2 NAME			Change Chydoligu
STREET ADDRESS			6.2 NAME	ADDRESS		
STREET AUDITIESS CITY-ST-ZIP						
	and it that the information a molar	the third fill and an and a solit. It	6.4 CITY-5		Contine 110 07/2)(i) Floride Clabitas I further	

indicated on this annual report or supplied with this limits does not quality for the exemption stated in section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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 is 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: