

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000070129 (7)

1. Corporation Name

ALL AMERICAN ACADEMY, INC.

Principal Place of Business

666 SIESTA KEY CIRCLE
UNIT #2413
DEERFIELD BEACH FL 33441
US

Mailing Address

666 SIESTA KEY CIRCLE
UNIT #2413
DEERFIELD BEACH FL 33441

2. Principal Place of Business

21 1301 W. Copans Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 1301 W. Copans Rd.
Suite, Apt. #, etc.

22 # H 5-6

27 # H 5-6

City & State

23 Pompano Beach FL

28 City & State

Zip

24 33064

Country

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

65-0694645

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Trust Fund Contribution

Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLMOTT, JULIE A		
STREET ADDRESS	666 SIESTA KEY CIR, #2413		
CITY-ST-ZIP	DEERFIELD BEACH FL		
TITLE	VSD	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGHI, JULIE K		
STREET ADDRESS	3765 RIVERSIDE WAY		
CITY-ST-ZIP	DELRAY BEACH FL		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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STREET ADDRESS			
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.

SIGNATURE: Julie Willmott 4-20-98 954-725-9470

CR2E034 (1097)