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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

## P96000072924 (9)

ALL GIA	rnic Design & Fnin	illing, inc.						
Principal Place of Business Mailing Address						9 MIREL CRESS MOINT ABOUT ABOUT	188:6 118:8 18:10 FIB1: EIR: FBE	
3976 EXECUTIVE PALM HARBOR		3976 EXECUTIVE ORIVE PALM HARBOR FL 34685			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporat 09/03/1996	ed or Qualified		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied Fo	
21		26			59-339874	<u></u>	Not Applic	
Suite, Apt. #, etc.		Suite. Apt. #, etc.			5. Certificate of Sta	atus Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campa     Trust Fund Cont		\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	Zip <b>29</b>	30 Cou	ntry		owes or has paid the ty Tax due June 30.	current year Intangible Yes No	
	9. Name and Address of C	urrent Registered Agent			10. Name and Add	ress of New Register	ed Agent	
MEDINA, LETA 3976 EXECUTIVE DRIVE PALM HARBOR FL 34685				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
				84 City			85 Zip Code	

office or ri agent. I ai	egistered agent, or both, in the State of Florida. Such ch m familiar with, and accept the obligations of, Section 6	ange was auti 07.0505, Florid	horized by the corpor la Statutes.	ation's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE		MOY B		outred when reinstating) DATE		
12.	Stgnature, typed or printed name of registered agent and title if applicable  OFFICERS AND DIRECTORS	(NOTE R	tegistered Agent algnature req	ADDITIONS/CHANGES TO OFFICERS A		S IN 12
TITLE		DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	☐ Addition
NAME	MEDINA, DAVID		1.2 NAME			
STREET ADDRESS	3976 EXECUTIVE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME	MEDINA, LETA G		2.2 NAME			
STREET ADDRESS	3976 EXECUTIVE DRIVE		2.3 STREET ADDRESS			
City-St-ZIP	PALM HARBOR FL 34685		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 SYREET ADDRESS			
CITY - ST - ZIP			4.4 CITY-ST-ZIP			
TITLE	Į.	DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
C(TY-S1-7)P	•		64 CITY-ST-ZIP			

I hereby certify that the information indicated on this annual report or a officer or director of the corporation Block 12 or Block 13 if changed, or qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an vered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

813 786-010 C

**FILED** 

Apr 29 1998 8:00am

Secretary of State