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FILED

Apr 17 1997 8:00am  
Secretary of State



PROFIT  
CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # P96000079315 (3)

1. Corporation Name  
ALL-STATE CONSULTING SERVICES, INC.

Principal Place of Business

991 NAUTILUS ISLE  
DANIA FL 33004

Mailing Address

991 NAUTILUS ISLE  
DANIA FL 33004-2356

3. Date Incorporated or Qualified  
09/23/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

21 1525 S. ANDREWS AVE.

Suite, Apt. #, etc.

22 City & State

23 FT. LAUDERDALE, FLORIDA

Zip

24 33316

Country

25 USA

2a. Mailing Address

26 4680 S.W. 27th AVE.

Suite, Apt. #, etc.

27 City & State

28 FT. LAUDERDALE, FLORIDA

Zip

29 33312

Country

30 USA

4. FEI Number

65-0702182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HALEY, PATRICIA A  
991 NAUTILUS ISLE  
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

4680 SW 27th AVE.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33312

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

Patricia A. Haley

(NOTE: Registered Agent signature required when reinstating)

4/10/97

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME HALEY, JAMES W  
STREET ADDRESS 814 NW 13TH AVE  
CITY- ST- ZIP DANIA FL 33004

TITLE VSD ☐ DELETE

NAME HALEY, BETTY J  
STREET ADDRESS 814 NW 13TH AVE  
CITY- ST- ZIP DANIA FL 33004

TITLE D ☐ DELETE

NAME HALEY, PATRICIA A  
STREET ADDRESS 991 NAUTILUS ISLE  
CITY- ST- ZIP DANIA FL 33004

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME PATRICIA A. HALEY  
1.3 STREET ADDRESS 4680 SW 27th AVE.

1.4 CITY- ST- ZIP FT. LAUDERDALE, FLORIDA 33312 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME SAME  
3.3 STREET ADDRESS 4680 SW 27th AVE.  
3.4 CITY- ST- ZIP FT. LAUDERDALE, FLORIDA 33312

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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:

Patricia A. Haley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

(954)893-0461

Daytime Phone

0112412

CR2E034 (9/96)