

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000003932 (5)**

1. Corporation Name

ALL AMERICAN CUSTOM STYLES, INC.

Principal Place of Business

**100 HIGHWAY 17 SOUTH
WINTER HAVEN FL 33880**

Mailing Address

**100 HIGHWAY 17 SOUTH
WINTER HAVEN FL 33880**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1997	
21 Suite, Apt #, etc	26 Suite, Apt #, etc	4. FEI Number 59-3415807		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	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

**SOLIGNY, MARK L
4332 MAHOGANY RUN ROAD
WINTER HAVEN FL 33880**

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

12.1 TITLE D	<input type="checkbox"/> DELETE	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME SOLIGNY, MARK L		13.2 NAME
12.3 STREET ADDRESS 4332 MAHOGANY RUN ROAD		13.3 STREET ADDRESS
12.4 CITY - ST - ZIP WINTER HAVEN FL 33880		13.4 CITY - ST - ZIP
12.5 TITLE D	<input type="checkbox"/> DELETE	13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME GONZALEZ, SIXTO		13.6 NAME
12.7 STREET ADDRESS 9585 SCHRECK ROAD		13.7 STREET ADDRESS
12.8 CITY - ST - ZIP BARTOW FL 33830		13.8 CITY - ST - ZIP
12.9 TITLE	<input type="checkbox"/> DELETE	13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME
12.11 STREET ADDRESS		13.11 STREET ADDRESS
12.12 CITY - ST - ZIP		13.12 CITY - ST - ZIP
12.13 TITLE	<input type="checkbox"/> DELETE	13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME
12.15 STREET ADDRESS		13.15 STREET ADDRESS
12.16 CITY - ST - ZIP		13.16 CITY - ST - ZIP
12.17 TITLE	<input type="checkbox"/> DELETE	13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME
12.19 STREET ADDRESS		13.19 STREET ADDRESS
12.20 CITY - ST - ZIP		13.20 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: X

MARK Soligny

4/15/98

CR2E034 (10/97)