

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000052619 (8)			
1. Corporation Name ALL SERVICES NETWORK, INC.			
Principal Place of Business 1404 STRATFORD RD MAITLAND FL 32751		Mailing Address 1404 STRATFORD RD MAITLAND FL 32751	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
9. Name and Address of Current Registered Agent			
MIRANDA, GREGORIO M 1404 STRATFORD RD MAITLAND FL 32751			
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 <i>[Signature]</i> (NOTE: Registered Agent Signature required when filing this change)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12 NAME 000002799310- - 4			
13 STREET ADDRESS -03/09/99--01056--017			
14 CITY-STATE-ZIP *****900.00 *****900.00			
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME			
23 STREET ADDRESS			
24 CITY-STATE-ZIP			
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(g), 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: *[Signature]* **GREGORIO M. MIRANDA** 2/6/99 (407)339-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 MAR -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98-99

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/13/1997
4. FEI Number
59-3453019
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
8. 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

2/25/99

0010596

CR2E034 (5/98)