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

**PROFIT** CORPORATION **ANNUAL REPORT 19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P97000077859 (1)

Principal Place of Business	Mailing Address
P.O.BOX 1467 MIAMI FL 33116	P.O.BOX 1467 MIAMI FL 33116
2. Principal Place of Business	2a. Mailing Address

## **FILED** May 01 1998 8:00am Secretary of State

ALL-KL	EEN OF SOUTH FLORIDA,	INC.							
Principal Plac	ee of Business	Mailing Address				T HODINGOL IND TORIC CODE! BOTTL OUTS! CODE! BOTEL CODE! FORDI		10 1011 1081	
P.O.BOX 1467 P.O.BOX 1467 MIAMI FL 33116 MIAMI FL 33116						DO NOT WRITE IN THIS SPACE	:F		
						3. Date Incorporated or Qualified 09/09/1997			
2. Principal P	Place of Business	2a. Mailing Address				4 FEI Number	Ap	plied For	
21 26						54-346/d13		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							9.75 A Fee Re	Additional quired	
City & State								May Be	
Zip         Country         Zip			Coun	trv	<del></del> -			to Fees	
24 25 29		<del>-</del>	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	g, Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agen	t		
	ALICH, MARGARET M		1	B1	Name			-	
15400 GULF BLVD. #704			1	82 Street Address (P.O. Box Number is Not Acceptable)					
MADEIRA BEACH FL 33708		8	33			-			
***			-  -	34	City	85	Zip (	Code	
				1	•	FL			
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was Hons of, Section 607.0505, F	authorized Iorida Statu	by tes.	the corporat	poration submits this statement for the purpose of char tion's board of directors. I hereby accept the appointm	ient as	registered	
	Signature typed or printed national registered age			Agen	it signature requi	red when reinstaling) DATE	COTOD	0.01.40	
12.	OFFICERS ANI		13. DELETE 1.1 117			ADDITIONS/CHANGES TO OFFICERS AND DIRI	Change	Addition	
NAME	DOIRON, DONALD F	1.2 N		1.2 NAME			•		
STREET ADDRESS	12213 S.W. 102ND TERRACE		1.3 STR	EET A	ADDRESS			į,	
CITY-ST-ZIP	MIAMI FL 33186		1.4 Cilly		- ZIP				
TITLE	D DELETE BRALICH, MARGARET M			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		<u>[                                    </u>	Change	Addition	
NAME STREET ADDRESS	15400 GULF BLVD. #704	4964						1	
CITY-ST-ZIP	MADEIRA BEACH FL 33708		P P						
TITLE	DELETE 3:			2. 4 CITY - ST - ZIP 3.1 TITLE			Change	Addition	
NAME	BRALICH, NICHOLAS J		3 2 NAME						
STREET ADDRESS	15400 GULF BLVD. #704		3 3 STREET AC						
CITY+ST-ZIP	MADEIRA BEACH FL 33708	DELETE	3.4. CIT	• • • • • • • • • • • • • • • • • • • •	1 - ZIP		Change	Addition	
TITLE NAME		T DEFERE	4.1 TITL 4. 2 NA				n lariye	☐ Addition	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CITY		1				
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAM					Ì	
STREET ADDRESS					ADDRESS !				
CITY-ST-ZIP TITLE		DELET <b>E</b>	5.4 C(TY 6.1 TITL		- ZIP	П	Change	I_ Addition	
NAME		() D.C.(   <b>C</b>	6.1 IIIL			<u>ب</u>	ungo	roughin	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CiTY						
	certify that the information (Involved w	th this filing does not qualify:				Section 119 07(3)(i) Florida Statutes I further certify t	hat the	information	

ed with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, indirine certify that the informatic certial 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 occeiver or truetoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in