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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State / DIVISION OF CORPORATIONS

DOCUMENT # P97000082203 (5)

FILED Feb 12 1998 8:00am Secretary of State

ALL ABO	OUT TIME, INC.) 			 	
Principal Place of Business Mailing Address						nil nodia Edrik Obili Addır Dali	DE NOTOR CHAIN CHAIN	DB100 0141 1001	
3711 N. PARK ROAD HOLLYWOOD FL 33021		3711 N. PARK ROAD HOLLYWOOD FL 33021			DO NOT WRITE IN TH	HIS SPACE	•		
					3. Date Incorporat 09/22/1997				
2. Principal Pla	ce of Business	26. Mailing Address 26			4. FEI Number 65-079		 +	Applied For Not Applicable	
Suite, Apt #	, etc.	Suite, Apt. #, etc.	F-7 '			atus Desired 🔲	Fee	Required	
City & State		City & State			6. Election Campa Trust Fund Con		7	O May Be d to Fees	
Zip 24	Country 25	7ip 29 3	h			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No			
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent .				
KNOHL, SUZANNE 3711 N. PARK ROAD HOLLYWOOD FL 33021				1 Name	HITCHELL	KNOW			
					et Address (P.O. Box Number is Not Acceptable) 3711 NORTH PARK BOAD				
			8	3					
	4		1	4 City	Hollywood		-L 3	p Code \$021	
11. Pursuant to office or req agent. I am	the provisions of Sections 607.05 gistored agent, or both, in the Stat familiar with, and accept the obli	02 and 607.1508, Florida Statutes to of Florida Such change was ad gations of Section 607.05	the about	we-named by the corp es.	corporation submits this strongeration's board of directors	atement for the purpos s. I hereby accept the	e of changing appointment	Its registered as registered	
SIGNATURE S	lignature hyped or pointed name of registered a	great and little if applicable (NOTE	Registered A	genl signature	required when reinstating)	DAT	1-19 81	0	
12. OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	V.P. / 031.	DELETE	1.1 TITLE				Chang	Addition	
	ATTINFIL KNOWL		1.2 NAM	e Ì]	

1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 21 TITLE Change TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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:

CITY-ST-ZIP