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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Mar 02 1998 8:00am

Secretary of State

200 5583571

Secretary of State* DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

CITY-ST-ZIP

P97000101991 (9)

1. Corporation	ALL, INC.	7101321 (3)			
Principal Plac	ce of Business	Mailing Address		4 FEBRUSHER KIÐ JÐÍÐI FÆÐIN ÐRUÐI BÐÍÐI ÐÐIÐI ÞÝÐIÐ.	94143 11010 10110 1100) 1191 1691
17425 NW 85TH AVE. 17425 NW 85TH AVE.					
MIAMI-FL 33	0015	MIAMI FL 33015		DO NOT WOITE IN THE	10.004.05
				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
				12/01/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65 0807/12	Not Applicable
Suite, Apt.	. #, e1c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		G. Certificate of Status Desired	Fee Required
City & Stat	leah 1=1.	28 Hialesh	F1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 330	Country 25 1/5 A	Zip 330/5 3	Country 10 USA	 This corporation owes or has paid the operation of the Personal Property Tax due June 30. 	current year Intangible
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
HALL, NANCY 81 Name					
17	425 NW 85TH AVE.		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
► MIAM# FL 33015					<u> </u>
		·	83		•
•	•		84 City	F	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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PRES.	☐ DELETE	1.1 THILE		Change Addition
NAME	nuncy HALL		1.2 NAME		
STREET ADDRESS	17425 NW 85 AL	re.	1.3 STREET ADDRESS		
CITY-ST-ZIP	Hiajeak +1	330/5	1.4 C TY-ST-ZIP		
TITLE	V Pres	/ DELETE	21 TITLE		Change Addition
NAME	Judson L. NA		22 NAME		
STREET ADDRESS	17425 NW	Aul 3/5	23 STREET ADDRESS		
CITY-ST-ZIP	Macak FT	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE NAME			3.1 TITLE 3.2 NAME		The regarder The word in the
NAME STREET ADDRESS	}		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		İ
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		☐ DELETE	5.1 T TLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	}		5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	J		6.3 STREET ADDRESS		

6.4 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.