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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90087 021 \*\*\*150.00

## DOCUMENT # P98000031748 1. Corporation Name

ALL	FORCE	ENTERPRISE,	INC.
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Principal Place	e of Business	Mailing Address	·	-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	<b>                                    </b>	
2775 NW 183 S		2775 NW 183 STREET				
-MIAMI-FL-33055		MIAMI FL 33055				
		· —— —— —— —— —— —— —— —— —— —— —— —— ——		DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualifed		
		Do Marillian Address		04/06/1998		-lind Fan
2. Principal Pl	ace of Business	2a. Mailing Address	more Blud	4. FEI Number 65-0826886	<u> </u>	plied For
21 27 75 NW 183 St 26 7903 BIT			more DIVC	65-0820886	\$8.75 A	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		— ·	Δ	5. Certifcate of Status Desired	Fee Re	1
22 7 27 City & State City & State		<u></u>	0.51.0.0.0			
City & State			·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
23 Migni, Ft 28 Miramar, 1		Zip	Country	This corporation owes the current y	<del></del>	-
$\frac{1}{24}$ $\frac{1}{3}$ $1$			il S	Personal Property Tax.		<b>□</b> 46
24 3 5 5	9. Name and Address of Curre			10. Name and Address of New Regis	tered Agent	
			81 Name	1 . 1 . 0 . 0	1 .	
READ	DON, CHARLES		00 00 101		d on	
2775	NW 183 STREET		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAN	AI FL 33055		83 770 77 0 11			
			1905	BILTMORE BIV		
			84 City	Ramar	FL  85   Zip C	ode 2-3
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes, th	e above-named corpo	pration submits this statement for the purp	ose of changing its	registered
office or re	egistered agent or both in the Stat	e of Florida. Such change was author gations of, Section 607.0505, Florida S	ized by the corporation	n's board of directors. I hereby accept the	appointment as reg	gistered
	01. 1 0	i	Can In	- U	-30-99	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOTE: Regis	tered Agent signature required	when reinstating)	ATE ATE	
12.			13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE -	.1 TITLE		☐ Change	☐ Addition
NAME	READON, CHARLES	1	.2 NAME			
STREET ADDRESS	4490/W 199 STREET	1	.3 STREET ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33056	1	.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE 2	1 TITLE		☐ Change	☐ Addition
NAME	CARTER, MEARL		2.2 NAME			Ì
STREET ADDRESS	7905 BILTMORE BLVD		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33023		2. 4 CITY-ST-ZIP			
TITLE	***************************************	☐ DELETE :	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
. CITY-ST-ZIP			3.4, CITY-ST-ZIP			
TITLE		☐ DELETE 4	L1 TITLE		Change	☐ Addition
NAMÉ			1. 2 NAME			
STREET ADDRESS	 	4	3.3 STREET ADDRESS			
CITY-ST-ZIP			I.4 CITY-ST-ZIP			
TITLE			5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS	· 301		3.3 STREET ADDRESS			
CITY-ST-ZIP	·		i.4 CITY-ST-ZIP			
TITLE			5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 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, with all other like empowered.

SIGNATURE:

4-30-99 (305)620-4037