

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90008 029 ***150.00

DOCUMENT # P98000044783

1. Corporation Name
ALL AMERICAN YES, INC.

Principal Place of Business
**33920 US HWY. 19 NORTH, STE. 210
PALM HARBOR FL 34684**

Mailing Address
**33920 US HWY. 19 NORTH, STE. 210
PALM HARBOR FL 34684**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number
59-3521246

Applied For
☐ Not Applicable

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
2112 Sunnydale Blvd

2a. Mailing Address
2112 Sunnydale Blvd

21 Suite, Apt. #, etc.
Unit E

26 Suite, Apt. #, etc.
Unit E

22 City & State
Clearwater FL

27 City & State
Clearwater FL

23 Zip Country
33765 USA

28 Zip Country
33765 USA

9. Name and Address of Current Registered Agent

**GOTTJEB & GOTTJEB, P.A.
2475 ENTERPRISES ROAD, STE. 100
CLEARWATER FL 33763**

10. Name and Address of New Registered Agent

81 Name
Magdziak Miroslaw

82 Street Address (P.O. Box Number is Not Acceptable)
2112 Sunnydale Blvd

83 Unit E

84 City **Clearwater** **FL** 85 Zip Code **33765**

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

Miroslaw Magdziak

4/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MAGDZIAK, MIROSLAW**
STREET ADDRESS **33920 US HWY. 19 NORTH, STE. 210**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Magdziak Miroslaw

4/27/99 (727)446-8940

Date

Daytime Phone #

CR2E034 (1/98)