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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S09626

(0)

ALL AMERICA REALTY OF GAINESVILLE, INC.

Principal Place of Business Mailing Address				I HOUTHAND HIT MAIND SOLING BILLING MILL WISHIN	ATAN BIBIN ANNIN BIBIN BIBIN PARI	
3312 W UNIVERSITY AVE 3312 W UNIVERSITY AV GAINESVILLE FL 32607 GAINESVILLE FL 32607					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					10/29/1990	
2. Principal Place of Business 2a. Mailing Add					4. FEI Number	Applied For
Suite, Apt	# ata	Cuito Apt 4 ata	Suite, Apt. #, etc.		59-3036476	Not Applicable
22		27 Suite, Apr. #, etc.	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Countr		8. This corporation owes or has paid the	
24	25 29 30		30		Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent
	ine, allen e.		81	Name		
3312 W UNIVERSITY AVE SUITE D-3			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	INESVILLE FL 32607		83			
			84	City	<u> </u>	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the abov	e-named co	progration submits this statement for the purpos	se of changing its registered
	egistered agent, or both, in the Sta im familiar with, and accept the ob-				ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	,	,				
	Signature, typed or printed name of registered		Registered Ag	ent signature req	guired when reinstating) DAT	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME	STINE, ALLEN E. 3312 WEST UNIVERSITY A	ur-	1.2 NAME			
STREET ADDRESS	GAINESVILLE FL	AE .		ADDRESS		
CITY-ST-ZIP TITLE	OMINES VILLE PE	☐ DELET E	1.4 CITY-5	ST-ZIP		Change Addition
NAME			2.1 TITLE 2.2 NAME			C1 cuante C1 vocinon
STREET ADDRESS			2.3 STREET	L VUUBEGG		
CITY-ST-ZIP			2. 4 CITY-			
TITLE		DELETE				☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CATY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS		•	4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP		
TITLE	TLE DELETE		5.4 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP	_		5.4 CITY-S	ST-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 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 receive 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 or an attachment with an address.

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(39)

FILED

Mar 31 1998 8:00am

Secretary of State