FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name S55225

(4)

ALL SERVICES REALTY, INC.

FILED May 14 1996 8:00 am Secretary of State



Principal Place of Business Malting Address								
	·	Malting Address			· · · · · · · · · · · · · · · · · · ·	·	***** # #	· u·d () 1978() (198)
1034 E. NORVELL BRYANT HIGHWAY 1034 E. NOBVELL BRY/ HERNANDO FL 34442 HERNANDO FL 34442			ANT HIGH	WA Y	1			
US		JIS TE STATE						
		•			3. Date Incorporated or Qualified 05/28/1991			,
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	U0/	23/19	
21		26 P.O. BOX 21		го ососово го ососово			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	A		5 Additional	
City & State		27		3. Ochthicate of Status Desked	CA)		Required	
23		City & State 28 INVERNESS FL		6. Election Campaign Financing	\$5.00 May Be			
Zip	Country	7p	,	untry	Trust Fund Contribution			d to Fees
24	25	29 34451	30	USA	B. This corporation has liability for Florida Statutes	r intang≀ble tax s ∐No	under s	199.032,
	Name and Address of Curren	t Registered Agent	4	T	10. Name and Address of New		ent	
				81 Name				
OLIVIER, JACQUES				82 Street Addre	ess (P.O. Box Number is Not Accepta	hle)	· · · · · ·	
1034 E. NORVELL BRYANT HIGHWAY HERNANDO FL 32642								
				83				
				84 City			85 Z ₀	p Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1509. Florida Statuta	the ebe			FL	'	
or register	to the provisions of Sections 607.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	Sa. Such change was authorized for 607,0505. Elected Statutes	d by the	corporation's board	ation submits this statement for the pu d of directors. I hereby accept the app	urpose of chang pointment as re	ging its r gistered	egistered office lagent. Lam
SIGNATURE	and accept the obligations of accti	on bor.0505, Florida Statutes.						
·	Signature, typed or printed name of registered agent	and stile if applicable (NOT)	Ragisterec	Agent signature required	when rainstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD			ITLE			Change	Addition
NAME OTDSET ADSIDEDO	OLIVER, JACQUES		1.2 N	AME				
STREET ADDRESS	650 E. DAKOTA CT. HERNANDO FL		1.3 STREET ADDRESS					ł
CITY-ST-ZIP TITLE	V DELETE			TY-S1-2IP				
NAME	WHITEHEAD, RONALD	V) beer is	2 1 TITLE 22 NAME				Change	Addition
STREET ADDRESS	175 8 HANLEY TERR		i					
City-St-ZiP	LECANTO FL		2.3 STREET ADDRESS 2.4 City-St-Zip					
TITLE	V	V DELETE		TLE		<u> </u>	Change	☐ Addition
NAME	SCOTT, JOSEPH D		3.2 N/			لط,	≎⊓ang⊍	L'1 voquion
STREET ADDRESS	6186 W PINEDALE CR		3.3 \$	TREET ADDRESS				
CITY-S1-ZIP	CRYSTAL RIVER FL		3.4 CI	1Y-ST-ZIP				1
TITLE	D	DELETE	4. 1 TI		**************************************		Change	Addition
NAME	YPMA, HANS	•	4 2 N	AME		_	•	_
STREET ADDRESS	544 P DAKOTA CT		4351	REET ADDRESS				ļ
CITY-ST-ZIP	HERNANDO FL		4 4 C	1Y-ST-71P				
TITLE	V	DELETE	5 1 TI	TLE			Change	Addition
NAME	OVENDAHL, GARY P O BOX 5785		5 ? NA	ME				
STREET ADDRESS	- 0CALA F		5.3 \$1	REEL ADDRESS				
CITY-ST-ZIP TITLE	WUALA F	[T] NOTE:		TY - \$1 - 2(P				
NAME		DELETE	6. 1 Ti				Change	Addition
STREET ADDRESS			6.2 NA					İ
			•	REFI ADDRESS				ļ
CITY - ST - ZiP	y certify that the information supplied	Sh. Abia 60a in the St. 7	64 CI	[Y-S1-ZIP				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

AME OF SIGNING OFFICER OR DIRECTOR