

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S55225**

(4)

1. Corporation Name

ALL SERVICES REALTY, INC.

Principal Place of Business

**1034 E. NORVELL BRYANT HIGHWAY
HERNANDO FL 34442
US**

Mailing Address

**P.O. BOX 21
INVERNESS FL 34451-0021
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1991		3a. Date of Last Report 05/14/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3069062		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**OLIVIER, JACQUES
1034 E. NORVELL BRYANT HIGHWAY
HERNANDO FL 32642**

10. Name and Address of New Registered Agent

**81 Name
LINDA N. WOLFERTZ
82 Street Address (P.O. Box Number is Not Acceptable)
1034 E. NORVELL BRYANT HIGHWAY
83 HERNANDO, FL 34442
84 City
FL 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: *Linda N. Wolfertz* President **4-29-97**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	OLIVER, JACQUES	1.2 NAME	LINDA N. WOLFERTZ
STREET ADDRESS	650 E. DAKOTA CT.	1.3 STREET ADDRESS	5520 Cedar Mill Path
CITY-ST-ZIP	HERNANDO FL	1.4 CITY-ST-ZIP	Homosassa, FL 34487
TITLE	V	2.1 TITLE	
NAME	SCOTT, JOSEPH D	2.2 NAME	
STREET ADDRESS	6186 W PINEDALE CR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Linda N. Wolfertz* **4-29-97** **746-1880**

CR2E034 (9/96)