

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S59849 (7)

1. Corporation Name

ALL-STATE TECHNICAL SERVICES, INC.



Principal Place of Business

2605 S. UNIVERSITY DR.
#165
DAVIE FL 33328

Mailing Address

2605 S. UNIVERSITY DR.
#165
DAVIE FL 33328

3. Date Incorporated or Qualified
06/14/1991

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

65-0270605

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLS, ROBERT L.
2761 S.W. 82ND WAY
DAVIE FL 33328

81

JIM THOMAS

82

2605 S. UNIV. DR #165

83

84

DAVIE

FL

85

33328

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

Signature (Typed or printed name of registered agent and director, if applicable)

JAMES F. THOMAS

3-15-96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PO	NICHOLS, ROBERT L.	2761 S.W. 81ST WAY	DAVIE FL	☐
SD	THOMAS, JAMES F.	619 SE AVE.	FT. LAUDERDALE FL	☐
				☐
				☐
				☐
				☐

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. 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, unchanged, or on an attachment with an address.

SIGNATURE:

JAMES F. THOMAS 3-15-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date the Report

CR2E034 (12/95)