


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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6851 SW 21 CT #14 Suite, Apt. #, etc. 22 #14 City & State 23 DAVIE Zip 24 33317 Country 25 BROWARD		2a. Mailing Address 26 6851 SW 21 CT. Suite, Apt. #, etc. 27 #14 City & State 28 DAVIE Zip 29 33317 Country 30 BROWARD		3. Date Incorporated or Qualified 06/14/1991	
		4. FEI Number 65-0270605		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent NICHOLS, ROBERT L. 2605 S UNIVERSITY DR, #165 DAVIE FL 33328		10. Name and Address of New Registered Agent 81 Name ROBERT L. NICHOLS 82 Street Address (P.O. Box Number is Not Acceptable) 6851 SW 21 CT. #14 83 84 City DAVIE FL 85 Zip Code 33317	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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  ROBERT L. NICHOLS 4/28/98
NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	NICHOLS, ROBERT L.	1.2 NAME	ROBERT L. NICHOLS
STREET ADDRESS	2761 S.W. 81ST WAY	1.3 STREET ADDRESS	6851 SW 21 CT. #14
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	DAVIE, FL 33317
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 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  4/28/98

CR2E034 (10/97)