

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S71818**

1. Corporation Name

ALL STATE BAIL BONDS, INC.

Principal Place of Business

**1442 NW 13 TERRACE
MIAMI FL 33125**

Mailing Address

**1442 NW 13 TERRACE
MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1991

4. FEI Number

65-0330281

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**GREEN, BRUCE T.
600 S. ANDREWS AVE.
STE. 400
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MILLER, BARBARA**
STREET ADDRESS **3300 HE 191 ST / STE - 803**
CITY-ST-ZIP **ADVENTURA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Barbara Miller REQUIRED

7-19-99

(305) 324-8228

CR2E034 (5/99)

MARK A. LIEBMAN
Certified Public Accountant, P.A.

596528-90024-15
571818

July 20, 1999

Annual Report Filings
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 1999 Profit Corporation Annual Report for All State Bail Bonds, Inc.
65-0330281

Gentlemen:

We represent the above referenced corporation and they have requested we explain, what we consider to be reasonable cause, for the delinquent filing and remitting of the Annual Report, in an effort to have the penalty provision abated.

In the past the Company's bookkeeper had handled the responsibility of filing the Annual Report. Having been short-handed, without the services of its bookkeeper, the Company's owners do not recall receiving the original Annual Report. The Company has always complied with the filing requirements and the occurrence of delinquency was unintentional.

We request you accept the enclosed check of \$150.00 as full payment and waive the penalty for this singular filing delinquency.

Thank you for your cooperation in this matter.

Very truly yours,

MARK A. LIEBMAN, P.A.



Mark A. Liebman
Certified Public Accountant

ML:bf
Enc.