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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V16328

1. Corporation Name

ALL STATEWIDE, INC.

Principal Place of Business	Ma
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FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90039 043 ***150.00



Principal Plac	ce of Business	Mailing Address				- 	EN ENDN BIBLI BLE	ik birki dibik ibbi
5818 S.W. 25TH STREET 5818 S.W. 25TH STREET								
HOLLYWOOD I		HOLLYWOOD FL 33023						
			DO NOT WRITE IN THIS SPACE					
						3. Date incorporated or Qualifed		
						02/20/1992		
├ ── '	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0318258		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				E Codificate of Chat.	\$8.75	Additional
22		27				5. Certifcate of Status Desired		Required
City & Stat	te	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23	•	28				Trust Fund Contribution		d to Fees
Zip	Country	Zip Country			8. This corporation owes the current year	Intangible		
24	25	29	30			Personal Property Tax.	∐Yes	₽No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Register	ed Agent	
	1440 10144			81	Name	,		
	LINS, JOHN		-	82	Ctt Add	on (D.O. Day N. A. Lander and D. C.		
	8 S.W. 25 STREET			ا2°	Street Addre	ss (P.O. Box Number is Not Acceptable)	•	
HOL	LYWOOD FL 33023		<u> </u>	83		3.19	· i · · · ·	
						<u> </u>		
			[*	84	City		85 Zip	Code '
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	ites, the ab	L	-named cornor	ration submits this statement for the purpose	of changing it	te registered
office or r	registered agent, or both, in the State	e of Florida. Such change was	authorized	by ti	he corporation	's board of directors. I hereby accept the ap	pointment as r	egistered
Ι . ΄	in jamilar with, and accept the oblig	jations of, Section 607.0505, Fi	orida Statut	es.				
SIGNATURE	* Signature, typed or printed name of registered ag	eat and title if applicable (NOT	E: Dogistored A	aont.	sianahan sandard	when reinstating) DATE	<u> </u>	
	7,7	(ite)			anginaran ta raquinga r	mioritellatating) DATE		
12.	OFFICERS A						AND DIRECT	ORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.		<u> </u>	ADDITIONS/CHANGES TO OFFICERS		
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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 in changed or on a state of the corporation of the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE: