

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

APPROVED AND FILED

JULY 22 1994 15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V40223 (2)
To Corporation Name:
A.L.L., INC.

Principal Place of Business: 600 LINCOLN RD. MIAMI BEACH FL 33139
Mailing Address: 600 LINCOLN RD. MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date first organized (or created) 06/02/1992	3b. Date of Last Report 05/01/1994
4. FET Number 65-0341224	Applied For <input type="checkbox"/> 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
7. This corporation complies with the following provisions of Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24	25
29	30

9. Name and Address of Current Registered Agent LA ROSA, DENNIS E ESQ. 216 W. COLLEGE AVE., #202 TALLAHASSEE FL 32301		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City		85 Zip Code	
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11. Pursuant to the provisions of Sections 607.04 and 607.0501, Florida Statutes, this 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 aware of the obligations of the registered office, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. NAME P LYON, KENNETH	1. TITLE President	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 600 LINCOLN RD. MIAMI BEACH FL 33139	2. CITY, STATE, ZIP	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME VPS LYON, JEFFREY B	3. TITLE	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STREET ADDRESS 600 LINCOLN RD. MIAMI BEACH FL 33139	4. CITY, STATE, ZIP	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	5. TITLE	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	6. CITY, STATE, ZIP	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7. TITLE	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	8. CITY, STATE, ZIP	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	9. TITLE	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	10. CITY, STATE, ZIP	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	11. TITLE	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS	12. CITY, STATE, ZIP	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	13. TITLE	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	14. CITY, STATE, ZIP	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Sections 607.04 and 607.0501, Florida Statutes. I further certify that the information included 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. 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 of this filing or as an officer listed with an address.

SIGNATURE:

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR