SECOND	NOTICE: CORPORATION WILL ON OR BEFORE 8/7/96: \$225 (IF D	BE DISSOLVED	ED ON OR AFTER	AUGUST 7, 1996.			
F COR ANNU	PROFIT PORATION JAL REPORT	ISSULVED, MI	FLORIDA DEPA Sandra Secreta	BE TO REINSTATE: \$379.] BI Mortham ary of State CORPORATIONS			
	MENT # V447 (<u></u>	(2)	J. 14.			
1. Corporation	n Name	00	(2)				
ALL TY	PE BUILDERS, INC.						
Principal Place	e of Business	Ma	ling Address				
4100 S.W. 53 DAVIE FL			4100 S.W. 53RD AVE DAVIE FL				
					3. Date Incorporated or Qualified 06/16/1992	3a. Date of Last Report 07/03/1995	
2. Principal Pa	lace of Business	2a.	Mailing Address		4. FEI Number 65-0342387	Applied For Not Applicable	
	Suite, Apt #, etc City & State		Suite, Apt. #, etc		Certificate of Status Desired Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required	
			City & State			\$5.00 May Be Added to Fees	
Zip 24	Country 25	29	Zip	Country 30	This corporation has liability for Florida Statutes	Yes No	
	9. Name and Address of Cu IEAUME, MARJORIE R.	rrent Registe	red Agent	B1 Name	10. Name and Address of New Re	egistered Agent	
11. Pursuant office or ragent Ta	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the of	0502 and 60 tate of Florida bligators at	7.1508, Florid a Stati Such change was Section 607.0505, F	84 City stes, the above named coauthorized by the corporor of the corporations of the	orporation submits this statement for the pration's board of directors. Thereby accept	FL 85 Zip Gode Aurpose of changing its registered of the appointment as registered 7-/0-56	
	Signature type Life photostray of the democracy	dagerana ine t AND DIREC	a) plication (1.4 TODS	Te Evojetered Agent signature o	Squed when recist dusp. ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
11. TITLE NAME	DST RHEAUME, CLAUDE J. 4100 S.W. 53RD AVE	AINE DITE	DE LETE	11 TITLE 12 NAME 13 STREET ADDRESS	ADMINISTRANCES TO OFFE	Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	DAVIE FL		DELETE	1.4 CITY - ST - 7IF 2.1 TITLE		Change Addition	
NAME STREET ADDRESS	RHEAUME, MARJORIE R. 4100 S.W. 53RD AVE			22 NAME 23 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Additio	
NAME			one	32 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP TITLE			DELETE	34 CHY-SI-ZIP 41 TITLE		Change Addition	
NAME				4 2 NAME		-	
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP TITLE			DELETE	4.4 CITY - ST - ZIP 5.1 THUE		Change Addition	
NAME				5 2 NAME			
STREET ADDRESS				5 3 STREET ADDRESS			
CITY - ST - ZIP			DELETE	54 CITY ST ZIP 61 TITLE	.,	Change Additio	
TITLE				0.111111.1		Li Statege Lini Additio	

14. If do hereby certify that the information supplied with this filling 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 it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR ORECTOR

PORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

SECOND NOTICE: CORP AMOUNT DUE ON OR BEFORE 8
PROFIT
CORPORATION
ANNUAL REPOR
1996
DOCUMENT # 1. Corporation Name
RICHARD D. PAOLI
Principal Place of Business
Thicipal Fidoe of Eros ness
1295 JACARDANDA BLVD VENICE FL 34292



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL F 19 9			Secretary of State DIVISION OF CORPORATIONS						
DOCUME!	NT #	649880	(2)						
RICHARD D	. PAOLIL	LO, M.D., P.A.							
Principal Place of Bu	usmess		Mailing Address)]DH 01011 01011 01011 1891	
1295 JACARDANDA VENICE FL 34292	BLVD		1295 JACARANDA BLVD. VENICE FL 34292						
US			US			Date Incorporated or Qualified 12/31/1979		te of Last Report 26/1995	
2. Principal Piace o	f Business		2a. Mailing Address 26			4. FEI Number 59-1962449		Applied For Not Applicable	
Suite, Apt #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired	Γ1	\$8.75 Additional Fee Required	
2 Ch. P. Chata			City & State			6. Election Campaign Financing		\$5.00 May Be	
City & State			28		,	Trust Fund Contribution		Added to Fees	
Zip	— i—	Country	Zip	Countr 30	У	8. This corporation has liability for Florida Statutes	ntangible Yes	tax under s. 199 032,] No	
9.	25 Name and	Address of Current	29 Registered Agent	[30]		10. Name and Address of New R		Agent	
PAOLUI	O RICHA	RD D, MD		8					
600 SO	UTH NOK	OMIS AVENUE		8:	2 Street Add	ddress (P.O. Box Number is Not Acceptable)			
VENICE	FL 33595			8	3				
				8	4 City		<u>-</u>	85 Zip Code	
					'	poration submits this statement for the property board of dynators. Therefore according	FL	changing de pycietaria	
12.	TD	op these chical-bried ages OFFICERS AND		Of: Registered A 13.		ADDITIONS/CHANGES TO OFF	อลา: ICERS ANE	D DIRECTORS IN 12 Change Addition	
		richard D, MD Randa Blvd.		1.2 NAM . 1.3 STR8	EFT ADDRESS				
	ENICE FL		DEUE H.	1 4 CiTY 2 1 Title	-SI-ZIP			Change Adoution	
TITLE NAME			E'' Dice ii	2 2 NAM	1		•		
STREET ADDRESS				23 STRI	EE1 ADDRESS				
CITY-ST ZIP	···—		DELETE	2 4 CIT	Y - S1 - 20F			Change Addition	
TITLE NAME			[] On it	3 2 NAA			'		
STREET ADDRESS				1	EET ADDRESS				
CITY-ST-ZIP					y - ST - ZIP	MANAGEMENT AND THE SAME OF THE		Change Addition	
TITLE			DELETE	4 1 100 4 2 NAI				Change Addition	
NAME PERFECT ADDRESS					RELI ADDRESS				
STREET ADDRESS CITY+ST-ZIP					Y-ST-ZIP				
TITLE			T ELETE	5 1 TITU	.F			Change Addition	
NAME				5.2 NAI					
STREET ADDRESS				1	REFLADORESS				
CITY - S1 - ZIP			DELETE	5 4 Cit	Y · ST - ZIP LE			Change Addition	
NAME				6 2 NA	ME				
STREET ADDRESS				63516	REEL ADDRESS				
CITY - ST - ZIP				A complete and man	Y - ST - ZiP	all hy for the exemption stated in Section	n 119.07(3	(k) Florida Stalutes 1	
14. I do hereby o further certify	ert fy that tr that the inf	e information supplie ormation indicated or	id with this Hing is voluntarily this annual report or suppli	y rumisned ar emental annu	al report is true	ual fy for the exemption stated in Sections and accurate and that my signature street to execute this report as required by	hall have the Chapter i	ne same legal effect as if 617. Florida Statutes, and	
made under o	oath that ha appears in	ani an officer or direct i Block 12 g∧Bl r √k 13	tor of the corporation or the it) thanged, At on an altach	receiver or tru ment with an a	istoe empowe address	red to taxeed at this report a morphise or	,, 0, 1.1, 1.0.	orr, roman orannes, a n	
ļ			Cellorus			7/15/9	_		
SIGNATU	RE:	SIGNATORE AND TYPED O	A PRINTED NAME OF SIGNING OFF	CER ON DIRECTO	₩ 🔿		·	Dayane Posin #	
I		W icho	all De Part	THE Y	4 V.				