FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 18 PM 10: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P38164 (0)

1. Corporation Name
ALL AMERICAN TRACKS CORPORATION

Principal Place of Business
46440 TELEGRAPH RD.
SO. AMHERST OH 44001

Mailing Address
778 SUNRISE DR
AMHERST OH 44001
US

3. Date Incorporated or Qualified: 03/26/1992
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21 1231 Cooper Foster Park Rd
22 Suite, Apt. #, etc.
23 City & State: Lorain, Ohio
24 Zip: 44053
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 31-1208308 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* [ ] Yes [X] No

9. Name and Address of Current Registered Agent
ELLIS, FRED
630 FALLSMEAD CIRCLE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: FL
05 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	[ ] Change [ ] Addition
NAME	KOZAR, JOSEPH J.	1.2 NAME	
STREET ADDRESS	778 SUNRISE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AMHERST OH	1.4 CITY-ST-ZIP	
TITLE	VCV	2.1 TITLE	[ ] Change [ ] Addition
NAME	KOZAR, SANDRA	2.2 NAME	
STREET ADDRESS	778 SUNRISE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMHERST OH	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	[ ] Change [ ] Addition
NAME	KOZAR, SANDRA	3.2 NAME	
STREET ADDRESS	778 SUNRISE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AMHERST OH	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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: Sandra Kozar 4-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SANDRA KOZAR

0478087 FP