

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P38164** (0)

1. Corporation Name
ALL AMERICAN TRACKS CORPORATION



Principal Place of Business: **1231 COOPER FOSTER PARK RD, LORAIN OH 44053 US**
Mailing Address: **778 SUNRISE DR, AMHERST OH 44001 US**

3. Date Incorporated or Qualified: **03/26/1992**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **31-1208308**
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 has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CPT	<input type="checkbox"/> DELETE	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KOZAR, JOSEPH J.		12 NAME:	
STREET ADDRESS: 778 SUNRISE DR.		13 STREET ADDRESS:	
CITY-ST-ZIP: AMHERST OH		14 CITY-ST-ZIP:	
TITLE: VCV	<input type="checkbox"/> DELETE	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KOZAR, SANDRA		22 NAME:	
STREET ADDRESS: 778 SUNRISE DR.		23 STREET ADDRESS:	
CITY-ST-ZIP: AMHERST OH		24 CITY-ST-ZIP:	
TITLE: S	<input type="checkbox"/> DELETE	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KOZAR, SANDRA		32 NAME:	
STREET ADDRESS: 778 SUNRISE DR.		33 STREET ADDRESS:	
CITY-ST-ZIP: AMHERST OH		34 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 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: *Joseph J. Kozar* **pres.**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 216-288-8080
Date Telephone

CR2E034 (12/95)