

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4:03

DOCUMENT # L13837 (4)

1. Corporation Name
ALL STAR INSURANCE, INC.

Principal Place of Business: **126 E BRANDON BLVD
BRANDON FL 33510
US**
Mailing Address: **1359 CORNER OAKS DR.
BRANDON FL 33510**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/01/1989**
3a. Date of Last Report: **06/14/1994**
4. FEI Number: **65-0148006**
Applied For: Not Applicable
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. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**MERRELL, JOHN A.
1359 CORNER OAKS DR.
BRANDON FL 33510**

10. Name and Address of Now Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DDP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRELL, JOHN A	12. NAME	
STREET ADDRESS	1359 CORNER OAKS DR.	13. STREET ADDRESS	
CITY-ST- ZIP	BRANDON FL	14. CITY- ST- ZIP	
TITLE	DVS	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRELL, CONSTANCE C.	22. NAME	
STREET ADDRESS	1359 CORNER OAKS DR.	23. STREET ADDRESS	
CITY- ST- ZIP	BRANDON FL	24. CITY- ST- ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE		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		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		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)(g), 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, 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 attached sheet with an address.

SIGNATURE: *John A. Merrell* 3-23-95 813-689-7717
DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **John A. Merrell**