

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L13837 (4)

1. Corporation Name
ALL STAR INSURANCE, INC.
ALL STAR INSURANCE, BRANDON, INC.



Principal Place of Business
**126 E BRANDON BLVD
BRANDON FL 33510
US**

Mailing Address
~~1050 CORNER OAKS DR.
BRANDON FL 33510-2354~~

3. Date Incorporated or Qualified
09/01/1989

3a. Date of Last Report
02/27/1996

2. Principal Place of Business
21 **126 E. BRANDON BLVD**

Suite, Apt. #, etc.
22

City & State
23 **BRANDON FL**

Zip
24 **33510**

Country
25

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

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

10. Name and Address of New Registered Agent

81 Name **BLAINE PANICO**

82 Street Address (P.O. Box Number, is Not Acceptable)
126 E. BRANDON BLVD

83

84 City **BRANDON** **FL** **85** Zip Code **33510**

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, 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 and am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | DDP <input checked="" type="checkbox"/> DELETE |
| NAME | MERRELL, JOHN A |
| STREET ADDRESS | 1359 CORNER OAKS DR. |
| CITY-ST-ZIP | BRANDON FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | BLAINE PANICO |
| 2.3 STREET ADDRESS | 126 E. BRANDON BLVD. |
| 2.4 CITY-ST-ZIP | BRANDON FL 33510 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | CRAIG DUNCAN |
| 3.3 STREET ADDRESS | 126 E. BRANDON BLVD. |
| 3.4 CITY-ST-ZIP | BRANDON FL 33510 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 by an attachment with an address.

SIGNATURE: *[Signature]* DATE: **04/03/97** (213) 689-7767

CR2E034 (9/96)