Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90210 008 \*\*\*300.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L13837

1. Corporation Name

ALL STAR INSURANCE, BRANDON, INC.

Principal Place of Business Mailing Address				_		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	- 517 61611 1001
126 E BRANDON BLVD BRANDON FL 33510 US		126 E BRANDON BLVD BRANDON FL 33510					
		US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/01/1989		
2. Principal Place of Business 2a. Mailing Add		2a. Mailing Address			4. FEI Ni mber	Apı	rlied For
21		26			65-0737333	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Bo
23		28			Trust Fund Contribution	Added to	
Zip 24	Cour try	Zip	Count	у	This corporation owes the current year Personal Property Tax.		ΩNο
	9. Name and Address of Cu		<del></del>		10. Name and Address of New Register	ed Agent	
	IICO, BLAINE		8	1 Name			
126		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
BRANDON FL 33510			8	3			
				<b>"</b>			
			8	4 City		85 Zip C	Code
office or i	registered agent, or both, in the Si am familiar with, and accept the ob	tate of Florida. Such change was ∈u oligations of, Section 607.0505, Flori	ithorized b ida Statute	y the corporati es.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	op sintment as reg	jistered 
12.		S AND DIRECTORS	13.		ADDITIC NS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PTD	DELETE	1.1 TITLE		NBBITTE NOTOTINITOED VO DE L'OZETO	☐ Change	Addition
NAME	PANICO, BLAINE		1.2 NAME	1			
STREET ADDRES S	JOS E BOLLIDON BLUD			ET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510		14 CITY				
TITLE	VSD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	DUNCAN, CRAIG		2.2 NAME				
STREET ADDRESS	ACC E DOMEDON OLLO		1	ET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510		2. 4 CITY				
TITLE		DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAM				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZiP			
TITLE		☐ DELETE	4,1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAM	E			
STREET ADDRESS	ĺ		4,3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	.			
CIDEET ADDRES >			5.3 STRE	ET ADDRESS			i

14. I 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 uncer 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 attachnight with an other same legal effect as if made uncer 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 attachnight with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

OLSIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition