

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P93000010408**  
1. Corporation Name  
**ALL STAR Insurance, South East Hillsborough, Inc.**

Principal Place of Business: **101 Flamingo Drive Suite # A Apollo Beach, FL. 33572**  
Mailing Address: **P.O. Box 398 Ruskin, FL. 33570**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/15/97	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-316 5485	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name <b>F. Blaine Panico</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>504 South Oregon Avenue</b>			
				83			
				84 City <b>Tampa,</b> FL 85 Zip Code <b>33606</b>			

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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. I am familiar with and acknowledge the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *F. Blaine Panico* DATE: **04/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>F. Blaine Panico</b>	1.2 NAME	
STREET ADDRESS	<b>504 South Oregon Ave.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Tampa, FL. 33606</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VTD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Heidi H. Cox</b>	2.2 NAME	
STREET ADDRESS	<b>6001 Inter Bay Blvd.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Tampa, FL. 33611</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>800002502478</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>-04/28/98--01037--024</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *F. Blaine Panico* DATE: **04/21/98** (P13) 641-7788

CR2E034 (10/97)