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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

737 HWY 98 E STE 2

1997

DOCUMENT # P9500009690 (5)

STE 2

Principal Place of Business

ALL STAR REAL ESTATE UNLIMITED, INC.

225 MAIN ST. COMMERCE ROW, SUITE 7 DESTIN FL 32541

2. Principal Place of Business

21 737 HWY 98 E

Suite. Apt. # etc.

23 DESTIN, FL

SIGNATURE:

City & State

22

Mailing Address

225 MAIN ST. COMMERCE ROW. SUITE 7 DESTIN PL 32541-2563

2a. Mailing Address

City & State

27

Suite, Apt. #, etc.

DESTIN, FL

FILED Apr 23 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

02/03/1995

59-3298389

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

25 MARCH 1997—

4. FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

904 937-2727

Not Applicable

05/01/1996

Zip	Country	Zip	Cou	-	8. This corporation has liability for intangible tax under s. 199.032,
24 3254	1 25 USA	29 32541	30 U	ISA	Florida Statutes Yes No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
MATTHEWS, DANA C 807 HWY 98 E DESTIN FL 32541				82 S 83	Name SUSAN K. MCGINNIS Street Address (P.O. Box Number is Not Acceptable) 45 GULF DUNES LANE City SANTA ROSA BEACH FL 85 Zip Code 32459 paged 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 lapsi ar with, and accept the obligations of, Section 607.0505 Slorida Statutes.					
12.	Stijles and typed or punted harde of registered age OFFICERS AN	of and fire if applicable (NO	TE Repely	200	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILLE	D OFFICENS AND	DELETE	1.1 T	T) F	Change Addition
NAME	MCGINNIS, SUSAN		1,2 N/		
STREE ADDRESS	45 GULF DUNES LN			TREET ADI	DIDECC
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City St-ZiP			34.0	STY-\$1-2	- ZIP
Turci		DELETE	4.1 TI	***************************************	Change Addition
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STREET ADDIRESS			4.3 S	TREET ADO	DDRESS .
CHY-ST-26F			4.4 CI	ITY - ST - Z	ZIP
BiltE		DELETE	5171	TLE	Change Addition
NAMI.			52 N	AME	
STREET ADDRESS			5.3 S	TREET AD	DORESS
City+S1-7iP			5.4 C	11Y-ST-2	ZIP
11111		☐ DELETE	6,1 TI	TLE	☐ Change ☐ Addition
NAME			62 N	AME	
STREET ADDRESS			6.3 S	TREET ADI	DURESS {
CITY - \$1 - 70°				ITY-ST-Z	
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 amulal 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.					