

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

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000081520 (5)
1. Corporation Name
ALL STAR REAL ESTATE SERVICES, INC.



Principal Place of Business 737 HWY. 98 E. DESTIN FL 32541	Mailing Address 737 HWY. 98 E. DESTIN FL 32541
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1995	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
4. FEI Number 59-3343888	Applied For Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCGINNIS, SUSAN K 45 GULF DUNES LANE SANTA ROSA BCH FL 32459		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 Susan K. McGinnis
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNIS, SUSAN K	1.2 NAME	
STREET ADDRESS	45 GULF DUNES LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BCH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKSON, JAMES R	2.2 NAME	GANN, WILLIAM C.
STREET ADDRESS	15 BAYSHORE DRIVE	2.3 STREET ADDRESS	930 SHALIMAR POINT DRIVE
CITY-ST-ZIP	SHALIMAR FL	2.4 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENLAND, MARTI K	3.2 NAME	HUTCHINSON, SUSAN J.
STREET ADDRESS	1825 NAVARRE SOUND	3.3 STREET ADDRESS	3005 BAY VILLA DRIVE
CITY-ST-ZIP	NAVARRE FL	3.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANN, WILLIAM C	4.2 NAME	WRIGHT, CAROLYN
STREET ADDRESS	930 SHALIMAR POINTE DR	4.3 STREET ADDRESS	521 BRIAN CIRCLE
CITY-ST-ZIP	SHALIMAR FL	4.4 CITY-ST-ZIP	MARY ESTHEL, FL 32569
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, SUSAN J	5.2 NAME	
STREET ADDRESS	3005 BAY VILLA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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.

CR2E034 (10/97)