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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

May 08, 1999 8:00 am Secretary of State

05-08-1999 90016 011 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031636

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

ALL STAR TRAVEL INC.

FIRICIPAL FIACE	of Business	Mailing Address								
402 JOAN AVEN	IUE	402 JOAN AVENUE								
SUITE 6 LEHIGH ACRES FL 33971		SUITE 6				DO NOT WRITE IN THIS SPACE				
LEHIGH ACRES	FL 33971	LEHIGH ACRES FL 33971				3. Date Incorporated or Qualifed		7017102		
						04/08/1996				
2. Deineipol Di	and of Rusiness	2a. Mailing Address				4. FEI Number			Applied For	
2. Principal Place of Business		26		•	65-0700193			Not Applicable		
Suite, Apt. #	tt etc	Suite, Apt. #, etc.						\$8.7	5 Additional	
	#, etc.	27				5. Certifcate of Status Desired		Fee	Required	
City & State		City & State				6. Election Campaign Financing		\$5.	00 May Be	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Count	ту		8. This corporation owes the curr	ent year In	tangible		
24	25		30			Personal Property Tax.	,	Yes	XNo	
241	9. Name and Address of Curren		1			10. Name and Address of New F	Registered	Agent		
			8	11 Na	ame				ļ.	
SUTE	er, rita		ļ.	2 St	root Addres	ss (P.O. Box Number is Not Accepta	able)			
1512	E 9TH ST.		\'	31	ieet Audie:	SS (P.O. BOX Number is Not Accepte	1010)	_		
LEHK	GH ACRES FL 33936		[8	13						
			Ļ					85 2	Zip Code	
				i4 Ci	ty		FL	_ ** 1	zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-na	med corpo	ration submits this statement for the	purpose o	f changing	g its registered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	itnorizea i	ov tne	corporation	n's board of directors. I hereby acce	ot the appo	intment a	s registered	
	m ramiliar with and accept the obliga	mons of, Section dov. 0000, 1 lon	ioa Otalul			04	1/30	198	'	
SIGNATURE	1 7000					- ·	,	<i>'</i> -	_ 1	
1	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered A	gent sign	ature required	when reinstating)	DATE			
12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered A	gent sign	ature required	when reinstating) ADDITIONS/CHANGES TO OF	FICERS A			
			-i		ature required		FICERS A	ND DIRE		
12.	OFFICERS AN	ID DIRECTORS	13.	Ē	ature required		FICERS A			
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 TITLI 1.2 NAM	Ē			FICERS A			
12. TITLE NAME STREET ADDRESS	PS SUTER, WALTER	ID DIRECTORS	13. 1.1 THL 1.2 NAM 1.3 STR	É E	RESS		FICERS A	☐ Char	nge Addition	
12. TITLE NAME	PS SUTER, WALTER 1512 E 9TH STREET	ID DIRECTORS	13. 1.1 THL 1.2 NAM 1.3 STR	E EET ADD	RESS		FICERS A		nge Addition	
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6.3 STREET ADDRESS

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 suppliemental 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, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR