SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #

1. Corporation Name

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(4)

Mailing Address

ALL STAR INSURANCE, BRANDON, INC.

FILED Oct 01 1998 8:00am Secretary of State



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 Qualified 09/01/1989					
2. Principal P	lace of Business	2a. Mailing Address		5-0737333.		4. FEI Number	73-7	/33	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired	X		75 Additional ee Required	
City & State		City & State				Election Cempaign Financing Trust Fund Contribution			.00 May Be ded to Fees	
Zip 24	Country Zip Co 25 29 30		\vdash	ountry		8. This corporation owes or has pald the current year intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name					
PANICO, BLAINE 126 E. BRANDON BLVD.				_						
	NDON FL 33510			82	Street Addres	ddress (P.O. Box Number Is Not Acceptable)				
			1	83						
			8	B4	City		FL	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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					ent signature require	ature required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS DELETE		13.			ADDITIONS/CHANGES TO OFFICE	CERS AND	Char	· · · · · · · · · · · · · · · · · · ·	
NAME	DALIAGO DI AILIP			.2 NAME				Criar	ige L Addition	
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP	BRANDON FL		1.4 CITY	1.4 CITY-ST-ZIP						
TITLE	E. J Decere		2.1 TITL	2.1 TITLE				Char	nge 🔲 Addition	
NAME	DUNCAN, CRAIG		2.2 NAME							
STREET ADDRESS	126 E. Brandon Blvd. Brandon Fl			:3 STREET ADDRESS !4 CITY-ST-ZIP					ļ	
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CITY-ST-ZIP		<u> </u>	5.4 CITY	-\$1-Z	uP .	***158,75				
TITLE		DELETE	6.1 TITLE	E				Chan	nge Addition	
NAME			6.2 NAM)"\	
STREET ADDRESS			6.3 STRE						401	
CITY-ST-ZIP			6.4 Crt Y-	-\$1-2	ne				'	

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 upon 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 regular or truling 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 attach item with an address.

9-22-98

(813) 689-776

****** All Star Insurance, Inc. ******

9-22-98

AS WE WERE INSTRUCTED TO DO, WE DID NOT USE THE PROVIDED ENVELOPE, RATHER WE MAILED THIS DIRECTLY TO THIS ADDRESS.

ALSO, AS WE EXPLAINED, WE HAVE SEVEN CORPORATIONS (SEE ATTACHED LISTING) AND ALL ANNUAL REPORTS WERE PAID ON TIME, EXCEPT THIS LOCATION. WE WERE FAIRLY CERTAIN THAT THIS DID GET PAID WITH ALL OF THE OTHERS BUT WE ARE MAVING SOME TROUBLE DOCUMENTING THIS.

DUE TO THESE CIRCUMSTANCES, WE ARE DOING AS INSTRUCTED AND PAYING THE ORIGINAL FEE \$150 + \$8.75 = \$158.75

MANK YOU FOR YOUR HELP- F. BLAINE PANICO