Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90102 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 671482

Corpora ion Name

ALL-STAR PROPERTIES, INC.

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Principal Place of Business		Mailing Address									
433 SOUTH PINE STREET		433 SOUTH PINE STREET									
P.O. BOX 3747		P.O. BOX 3747]	DO NOT WRITE IN THIS SPACE					
SEBRING FL 33871-3747		SEBRING FL 33871-3747			3 5-1-1-	3. Date Ir corporated or Qualifed					
							J	•	1		
								/1980			
2. Principal P	lace of Business		2a. Mailing Address				4. FEI Nu			⊢	p ied For
21			26			59-23	<u>25398</u>			t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifo	5. Certificate of Status Desired \$8.75 Additional			I	
22									Fee Re	quired	
City & S ate		-	City & State			6. Election	6. Election Campaign Financing \$5.00 May Be				
23			28	_			Trust F	und Contribution		Added t	o Fees
Zip	Coun	itry	Zip	Cou	intry		8. This co	rporation owes the cu	rent year In	tangible	
24	25		29	30			Person	al Property Tax.		Yes	[]No
	9. Name and Add	ess of Current	Registered Agent				10. Name	and Address of New	Registere	Agent	
					81	Name					
BOF	rgemeister, John	IP.			-		(B.O.B.	N	t la las l		
433 SOUTH PINE ST.					82	Street Ac	ddress (P.O. Box	Number is Not Accep	table)		
	RING FL 33870				83						
7.55											
					84	City		·	F	85 Zip	Code
		. <u> </u>									
11. Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508, Florida St Florida. Such change wa	tatu es, the a	bove Lhv	e-named co	poration submit	is this statement for the irectors. I hereby acci-	e purpose o	i changing its sintment as re	gistered
oπice or r	registered agent, or bo im familiar with, and ad	cept the obligation	ons of, Section 607.0505,	Florida Stat	utes.		ation's board or c	c.tord: Therdby door	урго црр]
SIGNATURE											-
SIGNATURE	Signature, typed or printed na	r ne of registered agent	ind title if applicable (f	NOTi : Registered	Agen	It signature requ	u red when reinstating)		DATE		
12.		OFFICERS AND	DIRECTORS	13.			ADDITIO	NS/CHANGES TO O	FFICERS /		
TITLE	PD		☐ DELETE	117	TLE					☐ Change	☐ Addition
NAME	BORGEMEISTER,	JOHN P		1.2 N	AME						
STREET ADDRESS	ACC O DIME OTDI			135	TREET	ADDRESS					
	SEBRING, FL 0			14.0	ITY-S	T- 71P					ì
CITY-ST-ZIP TITLE	STD		DELETE							☐ Change	Addition
	BORGEMEISTER,	IOUN D		2.2 N							
NAME											
STREET ADDRESS		EEI				ADDRESS					
CITY-ST-ZIP	SEBRING FL										
TITLE					ITY-S	T-ZIP				Change	☐ Addition
NAME			☐ DELETE	E 31 T	TLE	T-ZIP				☐ Change	☐ Addition
STREET ADDRESS	İ		☐ DELETI		TLE	T-ZIP				☐ Change	☐ Addition
CITY-ST-ZIP			DELETI	31 TI	TLE AME	T-ZIP	<u> </u>			☐ Change	☐ Addition
			☐ DELETI	3 1 TI 3 2 N 3 3 S	TLE AME	ADDRESS					
TITLE			☐ DELETE	E 31TI 32 N 33 S 3.4. C	TILE AME TREET CITY-S	ADDRESS				☐ Change	Addition
TITLE				E 31TI 32 N 33 S 3.4. C	TLE AME TREET CITY-S TLE	ADDRESS					
TITLE NAME				E 31TI 32 N 33 S 34.C E 4.1 TI 4.2 N	TLE AME TREET CITY-S TLE VAME	ADDRESS					
TITLE NAME STREET ADDRES S				E 31Tl 32 N. 33 S 34. C E 4.1Tl 4.2 N 43 S	TILE AME TREET CITY-S TLE VAME TREET	FADDRESS FADDRESS					
TITLE NAME STREET ADDRES S CITY-ST-ZIP			☐ DELETE	E 31TI 32N. 33S 34.C E 4.1TI 4.2N 43S 44.C	TILE AME TREET TLE VAME TREET	FADDRESS FADDRESS					
TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE				E 31TI 32N 33S 34.C E 4.1TI 4.2N 43S 44C E 51TI	TILE AME TREET TLE AME TREET TREET TREET	FADDRESS FADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME			☐ DELETE	E 31TI 32N 33S 34.C 4.1TI 4.2N 43S 4.4C 51TI 52N	TILE TREET TLE TREET TREET TREET TTLE TTLE	T ADDRESS T- ZIP F ADDRESS T- ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE			☐ DELETE	E 31TI 32N 33S 34.C E 4.1TI 4.2N 43S 44C E 51TI 52N 53S	TILE AME TREET TLE WAME TREET TLE AME TREET	ADDRESS T ADDRESS T ADDRESS T ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME			☐ DELETE	E 31TI 32N 33S 34.C E 4.1TI 4.2N 43S 4.4C E 51TI 52N 53S 54C	TITLE TAME TAME TAME TAME TAME TAME TAME TAM	ADDRESS T ADDRESS T ADDRESS T ADDRESS				☐ Change	☐ Addition

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 copyofation or the receiver of 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 manged on an attachment with an address, with all other like impowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP