

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J77950 (0)

1. Corporation Name
ALL STAR STARTER & ELECTRIC, INC.

Principal Place of Business
7140 N MAIN ST
JACKSONVILLE FL 32208
US

Mailing Address
7140 N MAIN ST
JACKSONVILLE FL 32208
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24		29	

3. Date Incorporated or Qualified 06/12/1987	
4. FEI Number 59-2806157	Applied For <input type="checkbox"/> 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
CUBBEDGE, HAROLD
7140 N MAIN ST
JACKSONVILLE FL 32208

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	CUBBEDGE, HAROLD	
STREET ADDRESS	3156 HIGHWAY AVE.	
CITY-ST-ZIP	MIDDLEBURG FL 32088	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WATKINS, DELINDA	
STREET ADDRESS	4020 SPRINGROVE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CUBBEDGE, STEVEN	
STREET ADDRESS	1739 DEBBIE LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHUBERT, RONALD	
STREET ADDRESS	1823 MCCONNIE ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANDREWS Keith	
2.3 STREET ADDRESS	Route 1 Box 629	
2.4 CITY-ST-ZIP	RAIFORD, FL 32083	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002627400	
5.3 STREET ADDRESS	-08/28/98--01028--016	
5.4 CITY-ST-ZIP	***150.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 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.

SIGNATURE: *[Signature]* REQUIRED

8/10/98 904-766-6356

0004618

CR2E034 (5/98)

FILED
Aug 26 1998 8:00am
Secretary of State

ALL STAR

JACKSONVILLE, FL 32208

Date 8/14/98 1998

Address _____

SOLD BY	CASH	C O. D	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
Quantity	DESCRIPTION				PRICE	AMOUNT
	<p><i>I did not Receive A First Notice This is All I ever got</i></p> <p><i>H. Culley</i></p>					
					TAX	
					TOTAL	

Rec'd by

Thank You

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