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

CORPORATION ANNUAL REPORT

1998

HUDSON FL 34667

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

K49953 DOCUMENT #

(8)

HUDSON FL 34867

2a. Mailing Address

28

ALL STAR DISTRIBUTING, INC.

25

Mailing Address Principal Place of Business 8719 SR 52 8719 SR 52

12/08/1988 4. FEI Number

59-2979267

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

Z Yes

8. This corporation owes or has paid the current year intangible

Applied For

Fee Required \$5.00 May Be

Added to Fees

813862-9120

Z No

Not Applicable \$8.75 Additional

| 24 3700 | g. Name and Address of Current Registered Agent | 9 1301 | T | | Address of New F | | SAUC AS |
|-----------------|--|---|---------------------------|----------------------------|-----------------------|-----------------------|---|
| BAHS, CARL | | | B1 Name | SAME | New | - | A last ye! |
| 8719 SR 52 | | | 82 Street | Address (P.O. Box, Nur | | abla) | <u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u> |
| HUDSON FL 34867 | | | 50 Street | | ARENI DI | ور ال | |
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| | | | 64 City | | ` | FL ⁸⁵ 3 | 8466 R |
| 11. Pursuant | to the provisions of Sections 607.0502 and 607.1508, Flori | da Statutes, the a | bove named | corporation submits th | nis statement for the | purpose of changi | ng its registered |
| office or r | egistered agent, or both, in the State of Florida. Such char m familiar with, and accord the obligations of, Spetton 607. | nge was authorize .0005. Florida Sta | ed by the corp stutes. | poration's board of dire | ectors. I hereby acc | | |
| _ | "411" | | CAOLA | 215 | | 4-26-9 | P |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | INOTE: Register | ed Agent signature | required when reinstating) | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | | ADDITIONS | CHANGES TO OFF | ICERS AND DIREC | |
| TITLE | · • | | TITLE | | | Char Char | |
| NAME | BAHS, CARL, L | | NAME | 70 | | 9666 | 1.272 |
| STREET ADDRESS | 8719 SR 52 | 1.3 5 | STREET ADDRESS | | 14 Karen Dri | • • | |
| CITY-ST-ZIP | HUDSON FL | | CITY-ST-ZIP | Port Riot | 10y, FL 340 | 68-1030 | Addit |
| TITLE | STD D | | TITLE | | | Char | - — |
| NAME | BAHS, NANCY | 2.21 | NAME | 7K1A | Karen Drive | Order | c7 7 |
| STREET ADDRESS | 8719 SR 52 | 2.3 3 | STREET ADDRESS | Port Richey | , FL 34668 | 4000 | |
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| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | CITY-ST-ZIP Title | | | ☐ Chai | nge Addition |
| TITLE | J | | | | | _ Chai | A LI MORION |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | certify that the information supplied with this filing does not | 6.4 | CITY-ST-ZIP | d in Section 119 07(3) | (i) Florida Statutes | I further certify the | the information |
| l indicated | on this annual report or supplemental annual teport is true | e and accurate a | no that my sic | inature shall have the : | same legal effect as | s ir made under dav | i, inaci am an |
| | director of the corporation or the receiver or trustee empor or Block 13 if changed, or on an attachment with an addre | | inis report as | required by Chapter | 607, Fiorida Statute | s; and that my hame | appears in |
| D.00 12 | an annual ratio and an annual an annual and an annual an ann | | | | | | |