

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000001247 (4)

1. Corporation Name

ALL STAR PROPERTIES OF CENTRAL FLORIDA, INC.



Principal Place of Business

1515 MICHIGAN AVE  
KISSIMMEE FL 34744  
US

Mailing Address

C/O IDC, 1 CIVIC PLAZA  
STE 100  
NEWPORT BEACH CA 92660  
US

3. Date Incorporated or Qualified  
01/05/1993

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1216 N. TUSTIN AVENUE

22 City & State

27 City & State

23 Zip

25 Country

28 ORANGE, CA

29 Zip

30 USA

4. FEI Number

59-3166244

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JIMMIE D  
1750 ST TROPEZ CT  
KISSIMMEE FL 34744

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PB  
NAME WILLIAMS, JIMMIE D  
STREET ADDRESS 1750 ST TROPEZ CT  
CITY-ST-ZIP KISSIMMEE FL

☐ DELETE

TITLE VP  
NAME HEMPHILL, JO MARIE  
STREET ADDRESS 14 N PALM AVE  
CITY-ST-ZIP KISSIMMEE FL

☒ DELETE

TITLE SVP  
NAME WILLIAMS, JUANITA L  
STREET ADDRESS 1750 ST TROPEZ CT  
CITY-ST-ZIP KISSIMMEE FL

☐ DELETE

TITLE D  
NAME GUMPERT, STEVEN L  
STREET ADDRESS 1 CIVIC PLAZA, STE 100  
CITY-ST-ZIP NEWPORT BCH CA

☐ DELETE

TITLE D  
NAME GUMPERT, RICHARD A  
STREET ADDRESS 1 CIVIC PLAZA, STE 100  
CITY-ST-ZIP NEWPORT BCH CA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jimmie D Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

Date

407-933-0286

Daytime Phone #

CR2E034 (12/95)