

5-21 91 B 3427 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1216 N TUSTIN AVENUE
ORANGE CA 92867-5103
US

2. Principal Place of Business

21 705 E. Oak Street

Suite, Apt. #, etc.

22 Suite E

City & State

23 Kissimmee, FL

Zip 34744

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

01/05/1993

3a. Date of Last Report

04/30/1996

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

WILLIAMS, JIMMIE D
1750 ST TROPEZ CT
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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 type or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PB	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JIMMIE D	
STREET ADDRESS	1750 ST TROPEZ CT	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JUANITA L	
STREET ADDRESS	1750 ST TROPEZ CT	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUMPERT, STEVEN L	
STREET ADDRESS	1 CIVIC PLAZA, STE 100	
CITY - ST - ZIP	NEWPORT BCH CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUMPERT, RICHARD A	
STREET ADDRESS	1 CIVIC PLAZA, STE 100	
CITY - ST - ZIP	NEWPORT BCH CA	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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 to this address.

SIGNATURE:

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

Jimmie D. Williams 3/18/97

Date

(407) 933-0286

Daytime Phone #

CR2E034 (9/96)