

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

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000001247 (4)**

1. Corporation Name

ALL STAR PROPERTIES OF CENTRAL FLORIDA, INC.

Principal Place of Business

**705 E OAK ST
STE E
KISSIMMEE FL 34744
US**

Mailing Address

**1216 N TUSTIN AVENUE
ORANGE CA 92667
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

1216 N. TUSTIN ST.

Suite, Apt. #, etc.

27

Orange, CA

28

92867

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US

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US

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FL

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Zip Code

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FL

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Zip Code

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FL

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Zip Code

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FL

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Zip Code

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

TITLE **S** ☐ DELETE
NAME **WILLIAMS, JUANITA L**
STREET ADDRESS **1750 ST TROPEZ CT**
CITY-ST-ZIP **KISSIMMEE FL**

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE **Same** ☒ Change ☐ Addition
3.2 NAME **Same**
3.3 STREET ADDRESS **1216 N. Tustin St.**
3.4 CITY-ST-ZIP **Orange, CA 92867**

4.1 TITLE **Same** ☒ Change ☐ Addition
4.2 NAME **Same**
4.3 STREET ADDRESS **1216 N. Tustin St.**
4.4 CITY-ST-ZIP **Orange, CA 92867**

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

6.1 TITLE ☐ Change ☐ 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: *Jimmie D Williams* **Jimmie D. Williams**

3/9/98

(407) 933-0286

CP2E034 (10/97)