

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90019 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000059526**

1. Corporation Name  
**ALLSTAR ASSOCIATES, INC.**

Principal Place of Business 3 JACKSON STREET NE FT WALTON BEACH FL 32548 US	Mailing Address 1525 W. HILLSBOROUGH AVE. TAMPA FL 33603
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>08/11/1994</b>	4. FEI Number <b>59-3263197</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>1646 Anchors St</b> Suite, Apt. #, etc. 22 <b>Suite #2</b> City & State 23 <b>Ft. Walton Bch, FL</b> Zip 24 <b>32548</b> Country 25 <b>Okaloosa</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent  
**ARTZIBUSHEV, DIMITRI**  
**1525 W. HILLSBOROUGH AVE.**  
**TAMPA FL 33603**

10. Name and Address of New Registered Agent  
 81 Name **Roxanne M Lee**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1646 Anchors St**  
 83 **Suite #2**  
 84 City **Ft Walton Bch** FL 85 Zip Code **32548**

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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Roxanne M Lee DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ARTZIBUSHEV, DIMITRI</b>		1.2 NAME	
STREET ADDRESS <b>1525 W. HILLSBOROUGH AVE.</b>		1.3 STREET ADDRESS	
CITY-STATE-ZIP <b>TAMPA FL 33603</b>		1.4 CITY-STATE-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HALL, ROXANNE M</b>		2.2 NAME	<b>Roxanne M. Lee</b>
STREET ADDRESS <b>3 JACKSON STREET NE</b>		2.3 STREET ADDRESS	<b>1646 ANCHOR ST</b>
CITY-STATE-ZIP <b>FT WALTON BEACH FL 32548</b>		2.4 CITY-STATE-ZIP	<b>Ft Walton Bch, FL 32548</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE Roxanne M Lee DATE 4/26/99 850 214 0215  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)