

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056354 (0)

1. Corporation Name

ALL STAR CAFE (LAS VEGAS), INC.



Principal Place of Business

Mailing Address

7380 SAND LAKE ROAD
SUITE 200
ORLANDO FL 32819

7380 SAND LAKE ROAD
SUITE 200
ORLANDO FL 32819

3. Date Incorporated or Qualified
07/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-3362764

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSHALL, BYRD F JR.
201 E. PINE STREET
SUITE 1200
ORLANDO FL 32801

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME EARL, ROBERT I
STREET ADDRESS 7380 SAND LAKE ROAD, SUITE 200
CITY-ST-ZIP ORLANDO FL 32819

11 TITLE D/P
12 NAME Robert I. Earl
13 STREET ADDRESS 7380 Sand Lake Road, Suite 650
14 CITY-ST-ZIP Orlando, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE VP/T/Ass S
22 NAME Thomas Avillone
23 STREET ADDRESS 7380 Sand Lake Road, Suite 650
24 CITY-ST-ZIP Orlando, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE VP/S
32 NAME Scott Johnson
33 STREET ADDRESS 7380 Sand Lake Road, Suite 650
34 CITY-ST-ZIP Orlando, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96

407-345-5300

CR2E034 (3/96)

CS 7/31/96