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FILED  
May 14 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 # P95000056354 (0)

1. Corporation Name

ALL STAR CAFE (LAS VEGAS), INC.

Principal Place of Business

7380 SAND LAKE ROAD  
SUITE 200  
ORLANDO FL 32819

Mailing Address

7380 SAND LAKE ROAD  
SUITE 200  
ORLANDO FL 32819-5256



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 Suite 600  
23 City & State

24 Zip  
25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 Suite 600  
28 City & State

29 Zip  
30 Country

3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

07/03/1996

4. FEI Number

59-3362764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

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

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME EARL, ROBERT I  
STREET ADDRESS 7380 SAND LAKE ROAD, SUITE 650  
CITY-ST-ZIP ORLANDO FL 32819

☐ DELETE

TITLE VPAT  
NAME AVILLONE, THOMAS  
STREET ADDRESS 7380 SAND LAKE ROAD, SUITE 650  
CITY-ST-ZIP ORLANDO FL 32819

☐ DELETE

TITLE VPS  
NAME JOHNSON, SCOTT  
STREET ADDRESS 7380 SAND LAKE ROAD, SUITE 650  
CITY-ST-ZIP ORLANDO FL 32819

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 with an address.

SIGNATURE

SIGNATURE OF REGISTERED AGENT

Signature of Registered Agent

147345-5300

CR2E034 (9/96)