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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000056354 (0)

1. Corporation Name

ALL STAR CAFE (REGION VII), INC.



Principal Place of Business

Mailing Address

7380 SAND LAKE ROAD
STE 600
ORLANDO FL 32819
US

7380 SAND LAKE ROAD
STE 600
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8669 Commodity Circle

2a. Mailing Address

26 8669 Commodity Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State Orlando, Florida

27 City & State Orlando, Florida

23 Zip 32819 Country USA

28 Zip 32819 Country USA

3. Date Incorporated or Qualified

07/20/1995

4. FEI Number

59-3362764

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

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 VTD
NAME AVILLONE, THOMAS
STREET ADDRESS 7380 SAND LAKE ROAD, SUITE 650
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE VSD
NAME JOHNSON, SCOTT
STREET ADDRESS 7380 SAND LAKE ROAD, SUITE 650
CITY-ST-ZIP ORLANDO FL ☐ DELETE

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 D/P
1.2 NAME EARL, ROBERT I
1.3 STREET ADDRESS 8669 COMMODITY CIRCLE
1.4 CITY-ST-ZIP ORLANDO, FLORIDA 32819 ☒ Change ☐ Addition

2.1 TITLE D/V/T
2.2 NAME AVALLONE, THOMAS
2.3 STREET ADDRESS 8669 COMMODITY CIRCLE
2.4 CITY-ST-ZIP ORLANDO, FLORIDA 32819 ☒ Change ☐ Addition

3.1 TITLE D/SrV/S
3.2 NAME JOHNSON, SCOTT E.
3.3 STREET ADDRESS 8669 COMMODITY CIRCLE
3.4 CITY-ST-ZIP ORLANDO, FLORIDA 32819 ☒ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

THOMAS
AVALLONE

4/29/98

1/407/345-5300

CR2E034 (10/97)