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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000081520 (5) DOCUMENT #

ALL STAR REAL ESTATE SERVICES, INC.

Principal Place of Business	Mailing Address	
737 HWY. 96 E. DESTIN FL 32541	737 HWY. 98 E. Destin Fl. 32541	

FILED Apr 15 1998 8:00am Secretary of State



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Prin	cipal Place	of Business	Mailing Address				t (\$31)aût sin inin niit niit niit naiit naiit na	*** ***** (\$1\$1 1192)	E1119 ?10	HE MAIN HAM
737 HWY. 96 E. 737 HWY. 96 E.										
DESTIN FL 32541 DESTIN FL 32541						DO NOT WRITE IN THIS SPACE				
						-		IN THIS SPACE	<u> </u>	
						3.	Date Incorporated or Qualified 10/24/1995			
2. 1	Principal Pla	ace of Business	2a. Mailing Address			A	FEI Number		T	oplied For
21						~	FO 00 10000			
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							<u> </u>	\longrightarrow	ot Applicable Additional	
22	27					5.	Certificate of Status Desired			equired
_	City & State	· · · · · · · · · · · · · · · · · · ·	Crty & State			6.	Election Campaign Financing		5 00	May Be
23	-		28			"	Trust Fund Contribution			to Fees
	Zip	Country	Zip	Cou	ntry	8.	This corporation owes or has pa			
24		25	29	30		1	Personal Property Tax due June	`	-	No
		9. Name and Address of Curren	t Registered Agent			10.	Name and Address of New Re	gistered Agen	l	
	MC	BINNIS, SUSAN K			81 Name)				
	45 (BULF DUNES LANE			82 Street	Address (5	P.O. Box Number is Not Acceptab	ulo)		
	SAN	ITÁ ROSA BCH FL 32459			50000	Address (r	. Box Number is Not Acceptate	леј		
					83					
										
					84 City			FL 85	Zip	Code
11.	Pursuant to	the provisions of Sections 607.0502	2 and 607 1508, Florida St	atutes, the at	ove-named	d corporatio	n submits this statement for the p	urnose of chan	aina it	s registered
	office or re	gistered agent, or both, in the State n familiar with and accept the obliga	of Florida, Such change w	as authorized	by the cor	rporation's b	poard of directors. I hereby accer	ot the appointm	ent as	registered
		1/ 4//	KA //	, Flutida Stati	165.					
SIG	NATURE :	Signature, typed or printed nimer of registered agen	Yle. Ksimmio	NOTE: Registered	Apent signature	e required when	reinstatina)	DATE	·· ·	
12.		OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTOF	S IN 12
TITLE		Р	☐ DELETE	1.1 Til	LÉ			□ c	hange	Addition
NAME	.	MCGINNIS, SUSAN K		1.2 NA	ME					Ī
STRE	AE OLUE DINEC LANE		1.3 ST	REET ADDRESS						
CITY-	ST-ZIP	CANTA DOCA DOU EI		1.4 (3)	Y - ST - ZIP					1
TITLE		VP	▼ DELETE	2.1 717		VP		12 c		Addition
NAME	:	DICKSON, JAMES R	•	2.2 NA	ME	GANI	V, WILLIAM C. 3HALIMAK POIN	,		
STRE	ET ADDRESS	15 BAYSHORE DRIVE		2.3 ST	REET ADDRESS	930	3HALIMAR POIN	TORIVE	-	
CITY-	ST-ZIP	SHALIMAR FL		2, 4 CI	TY-ST-ZIP	SHALL	MAR EL 325	79		
TITLE		VP	DELETE	3.1 TIT		VP	, , , , , , , , , , , , , , , , , , ,	C	hange	Addition
NAME	:	Penland, marti k	•	3.2 NA	ME	HUTT	HINGUN, SUSAN	J.		`
STREE	ET ADDRESS	1825 NAVARRE SOUND		3.3 ST	REET ADDRESS	3005	BAY VILLA O. N, FL 3254) PHT CACULYN	PIVE		
CITY-	ST-ZIP	NAVARRE FL	_	3.4. CI	Y-ST-ZIP	DESTI	N FL 32501	-,-,-		
TITLE		₩	DELETE	4.1 TH	LE	VD	,	C	hange	Addition
NAME	:	GANN, WILLIAM C	- •	4.2	ME	11016	HT CARULYN		-	
STREE	T ADDRESS	930 SHALIMAR POINTE DR			IEET ADDRESS	501	BRIAN CIECLE			
	ST-ZIP	SHALIMAR FL		4.4	Y - ST - 71P	MARX	BRIAN CIECLE ESTHEL, FL 3	2569		
TITLE		VP	DELETE	5.	LE	V 100 A	~ 11 FE	□ c	hange	Addition
NAME	1	HUTCHINSON, SUSAN J	~	5.2	ME				-	
	T ADORESS	3005 BAY VILLA DRIVE			REET ADDRESS					ļ
	ST-ZIP	DESTIN FL			Y-S1-ZIP					į
TITLE			DELEYE		.E	1		C	nange	☐ Addition
NAME					ME.				4-	
	T ADDRESS				eft address					1
OTIVE				· ·						
CITY-	ST-ZIP			ع ا	Y-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execution to the corporation or the receiver or trustee empowered to execution to the corporation or an attachment with an address.

nplion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in