

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90078 002 ***150.00

DOCUMENT # P95000081520

1. Corporation Name

ALL STAR REAL ESTATE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1995

4. FEI Number

59-3343888

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

Mailing Address

737 HWY. 98 E.
DESTIN FL 32541

737 HWY. 98 E.
DESTIN FL 32541

2. Principal Place of Business

2a. Mailing Address

21 36008 Emerald Coast Parkway
Suite, Apt. #, etc.

26 36008 Emerald Coast Parkway
Suite, Apt. #, etc.

22 Suite 201B
City & State

27 Suite 201B
City & State

23 Destin, FL
Zip

28 Destin, FL
Zip

24 32541 25 Okaloosa
Country

29 32541 30 Okaloosa
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGINNIS, SUSAN K
45 GULF DUNES LANE
SANTA ROSA BCH FL 32459

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME MCGINNIS, SUSAN K
STREET ADDRESS 45 GULF DUNES LANE
CITY-ST-ZIP SANTA ROSA BCH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME WRIGHT, CAROLYN
STREET ADDRESS 51 BRIAN CIRCLE
CITY-ST-ZIP MARY ESTHER FL 32569

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME GANN, WILLIAM C
STREET ADDRESS 930 SHALIMAR POINTE DR
CITY-ST-ZIP SHALIMAR FL 32579

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP ☒ DELETE
NAME HUTCHINSON, SUSAN J
STREET ADDRESS 3005 BAY VILLA DRIVE
CITY-ST-ZIP DESTIN FL 32541

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME VP
4.3 STREET ADDRESS RUCKEL, RITA M
4.4 CITY-ST-ZIP 32 7th Ave 116
SHALIMAR, FL 32579

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/22/99

850-837-5523

CR2E034 (11/98)