

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

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**Mar 20 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 # P96000016508 (9)

1. Corporation Name
ALL STAR PROMOTIONS, INC.



Principal Place of Business
**1175 SOUTHWEST BENT PINE COVE
PORT SAINT LUCIE FL 34986**

Mailing Address
**1175 SOUTHWEST BENT PINE COVE
PORT SAINT LUCIE FL 34986-2121**

3. Date Incorporated or Qualified 02/22/1996	3a. Date of Last Report
4. FEI Number 65-0646845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**SWIFT, ROSEMARY A
1175 SOUTHWEST BENT PINE COVE
PORT SAINT LUCIE FL 34986**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PSD	SWIFT, ROSEMARY A	1175 SOUTHWEST BENT PINE COVE	PORT SAINT LUCIE FL 34986	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP	Change	Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-STATE-ZIP	Change	Addition
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-STATE-ZIP	Change	Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-STATE-ZIP	Change	Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-STATE-ZIP	Change	Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-STATE-ZIP	Change	Addition

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 the Schedule of Officers and Directors, or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 561-871-1418
Date Daytime Phone

CR2E034 (9/96)