

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

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
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DOCUMENT # P96000029754 (4)
 1. Corporation Name
AUTHENTIC ALL STAR, INC.



Principal Place of Business 7380 SAND LAKE RD STE 600 ORLANDO FL 32819 US	Mailing Address 7380 SAND LAKE RD STE 600 ORLANDO FL 32819 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8669 Commodity Circle Suite, Apt. #, etc. 22 City & State Orlando, Florida Zip 32819 Country USA		2a. Mailing Address 26 8669 Commodity Circle Suite, Apt. #, etc. 27 City & State Orlando, Florida Zip 32819 Country USA	
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3. Date Incorporated or Qualified 04/04/1996	4. FEI Number 59-3372061	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**NEUKAMM, MICHAEL E
 201 E. PINE STREET STE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL, ROBERT I	1.2 NAME	EARL, ROBERT I.
STREET ADDRESS	7380 SAND LAKE ROAD STE 650	1.3 STREET ADDRESS	8669 COMMODITY CIRCLE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	D/V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVALLONE	2.2 NAME	AVALLONE, THOMAS
STREET ADDRESS	7380 SANDLAKE RD STE 650	2.3 STREET ADDRESS	8669 COMMODITY CIRCLE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	D/SrV/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SCOTT E	3.2 NAME	JOHNSON, SCOTT E.
STREET ADDRESS	7380 SAND LAKE RD STE 650	3.3 STREET ADDRESS	8669 COMMODITY CIRCLE
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* **4/15/98 (407) 345-5300**

CR2E034 (10/97)