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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000031636 (9)**1. Corporation Name

ALL STAR TRAVEL INC.

Principal Piace of Business 402 JOAN AVENUE SUITE 6 LEHIGH ACRES FL 33971		Mailing Address 402 JOAN AVENUE SUITE 6 LEHIGH ACRES FL 33971-1928		C 19241964 the south earth 65th easts 60th 45ton to	1 11 <b>010 (</b> 117 <b>2</b> 1141 841) 1 <b>93</b> 1
CERROTI NOTICE	112 55071	person nones re soon-	<b>360</b>	3. Date Incorporated or Qualified 3a. I	Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		105-0700193	Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Sta	lo.	City & State			Fee Required
23	ie.	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangib	
24	25	29	30	Florida Statutes Yes	
	9, Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered	Agent
	ich, sandra i		B1 Name		
18425 TULIP ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FOR	IT MYERS FL 33912		83		
			83		
			<b>84</b> City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607,1508, Florida Statu	tes, the above-named cor	poration submits this statement for the purpose	of changing its registered
Affice or	registered agent, or both, in the St am familiar with, and accept the ob	rate of Florida, Such channe was	authorized by the corners	ition's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE		SANDRA ROPCH	SECRETARY IT	TREAS, Dandto Hood	1/23/97
	Signature, typed or purious nation of registeres	Lagent and title if applicable (NO	E: Registered Agent signature redu		ID DIDEOTODO AL 46
12.	T <b>PS</b>	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	SUTER, WALTER	parett	1.2 NAME		Charge Charact
STREET ADORESS	1512 E 9TH STREET		1.3 STREET ADDRESS		:
CITY-ST-ZIP	LEHIGH ACRES FL 33936		1.4 CITY-ST-ZIP		ı
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	SUTER, RITA		2.2 NAME		
STREET ADDRESS	1512 E 9TH STREET		2.3 STREET ADDRESS		
CITY - ST - ZIP	LEHIGH ACRES FL 33936		2.4 CITY-ST-ZIP		
TITLE	STD	DELETE	3.1 TITLE		Change Addition
NAME	ROACH, SANDRA		3.2 NAME		
STREET ADDRESS	18425 TULIP RD.		3.3 STREET ADDRESS		-
CITY - S1 - 7IP	FORT MYERS FL 33912		3.4. CITY+ST-ZIP		
TITLE	ĺ	<u></u> DELETE	4 1 TITLE		Change Addition
NAME	ļ		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIF		Del ete	4.4 CITY - ST - ZIP		[ ] ()
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DOLLET			Change Addition
		DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS		DELETE		1.	Change Addition

14. I do 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.

6.4 CITY - ST - ZIP

**FILED** 

Jan 29 1997 8:00am

Secretary of State