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

DOCUMENT #
1. Corporation Name

P96000031636 (9)

ALL STAR TRAVEL INC.

Principal Plac	e of Business	Mailing Address			AKAT TIBIA BINDE ANIO BINI INDI
402 JOAN AVENUE SUITE 6 LEHIGH ACRES FL 33971		402 JOAN AVENUE SUITE 6 LEHIGH ACRES FL 33971		DO NOT WRITE IN TH	IIS SPACE
				3. Date incorporated or Qualified 04/08/1996	
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0700193	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		•	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29 30	0	Personal Property Tax due June 30.	🔲 Yes 🚨 No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROACH, SANDRA I			X 81 Name RITA SUTER.		
18425 TULIP ROAD			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
l Fu	RT MYERS FL 33912		83		3936
			84 City	EHIGH ACAES FL 3	85 Zip Code
				<u> </u>	<u>'L </u>
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 a	execut and fille if acralmable (NOTE: F	Registered Agont signature rec	guired when reinstaling) DAT	Ē
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PS	DELETE	1.1 TITLE		Change Addition
NAME	S UTER, WALTER		1.2 NAME		
STREET ADDRESS	1512 E 9TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33936		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	21 TITLE		Change Addition
NAME	SUTER, RITA		2.2 NAME		
STREET ADDRESS	1512 E 9TH STREET		2.3 STREET ADDRESS		
CITY-ST-2IP TITLE	LEHIGH ACRES FL 33936 STD	DELETE	2. 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME	-ROACH; SANDRA		3.2 NAME		
STREET ADDRESS	48425 TULIP RD:		3 3 STREET ADDRESS		
CITY-ST-ZIP	FORT-MYERS FL 33912		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE1 ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE1 ADDRESS		
CITY-ST-ZIP		T priette	5.4 CiTY - ST - ZiP		Channe Tagger
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 roport 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.

D / 10 11/23/00 011-200000

FILED

May 11 1998 8:00am

Secretary of State