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

PROFIT CORPORATION ANNUAL REPORT

1**9**98 •



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 21 1998 8:00am

Secretary of State

DOCUMENT # P9700064299 (5)

MCCLELLAN'S ALLSTAR INVESTMENTS, INC.

Principal Place of Business Mailing Addres					I HODINGET LIS TOTTLE SOLL ORESTE DEFIELD	YOUR OREID BOIL	 	11 0 10 11 F 901
415 INTERSTATE COURT SARASOTA FL 34240		415 INTERSTATE COURT SARASOTA FL 34240		. CO HOT WENT	FE IN TABLE 4	ND4 OF		
				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified	I .		
A Principal D	lace of Business	2a, Mailing Address			07/24/1997 4. FEI Number			
	IACE OF BUSINESS				65 0719368		- 1	oplied For
Suite, Apt.	# otc	Suitc, Apt. #, etc.			62 0/17308		\$8.75	ot Applicable
22	π, σ ιο.	27			5. Certificate of Status Desired		Fee Re	
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28		Trust Fund Contribution		Added I		
Zip	Country Zip (Coun	try	8. This corporation owes or has paid the current year		rent year Int	angible
24	25 29 30		30	Personal Property Tax due June 30. Yes No] No
9. Name and Address of Current Registered Agent					10. Name and Address of New R	legistered /	Agent	
CORPORATE CREATIONS			1	Name				
15210 AMBERLY DRIVE SUITE 328			6	Street Ad	dress (P.O. Box Number is Not Accepte	able)		
TAMPA FL 33847			-	33				
				City		FL	85 Zip (Code
11. Pursuant office or ragent. La	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statu	les.	orporation submits this statement for the ation's board of directors. I hereby according to the statement of	purpose of ept the app	changing it ointment as	s registered registered
	Signature, typed or printed name of regularity age							
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	Change	RS IN 12 Addition
TITLE	D MOOFELLAN THOMAS I	☐ DELETE	1.2 NAM				C. C	LI Addition
NAME CTOCCT ADDRESS	440 14 (170) 410			-				
STREET ADDRESS				EET ADDRESS '- ST-ZIP				
CITY-ST-ZIP TITLE			2.1 TITL				Change	Addition
NAME			2.2 NAM	1			,	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34240			Y-S1-ZIP				
TITLE		☐ DELETE	3.1 TITL				Change	Addition
NAME			. 3.2 NAM	(E				
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE	☐ DELETE 4:		4.1 TITL	E			Change	Addition
NAME			4. 2 NAI	ME				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-\$T-ZIP			4.4 CITY	'-ST-ZIP			-	
TITLE		☐ DELETE	5.1 TITE	F			Change	☐ Addition
NAME			5.2 NAM	Œ				- 1 i k

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 attackment with an address.

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

MATURE Abonia molde

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/30/98

***150.00

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Addition