SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P97000107591 (4) ALL STAR VACATION HOME MANAGEMENT, INC.

FILED Jul 28 1998 8:00am Secretary of State



Principal Plac	a or business	Mailing Address				
26 N BERMUDA AVENUE		26 N BERMUDA AVENUE				
KISSIMMEE FL	34741	KISSIMMEE FL 34741				
						DO NOT WRITE IN THIS SPACE
Į						3. Date Incorporated or Qualified
						12/23/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						59-3488725 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27	27			5. Certificate or Status Desired Fee Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre			Τ		10. Name and Address of New Registered Agent
MEN	APHILL, JO MARIE			81	Name	
26 N BERMUDA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
KISS	SIMMEE FL 34741			83	L	
				03		
				84	City	85 Zip Code
					,	FL " '
11. Pursuani	t to the provisions of sections 607.05	502 and 607.1508, Florida S	tatutes, the al	oove-	named	corporation submits this statement for the purpose of changing its registered
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.						
	Bill terrinar with, and Becopt the ob-	oco. 100 monos po enonaga	5,1101104 018	10103)
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable	(NOTE: Regist	ered A	pent signa	lure required when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.		· · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VTD DELETE		F 1.1 T	1.1 TITLE		Change Addition
NAME	HEMPHILL, JO MARIE			1.2 NAME		Shallon
STREET ADDRESS	and the second terms to the			1.3 STREET ADDRESS		
	KISSIMMEE FL 34741					·
CITY-ST-ZIP TITLE				1.4 CITY-ST-ZIP 2.1 TITLE		
	1 1.77	L DELET	DELETÉ 2.1 TITL 2.2 NAM			Change Addition
NAME	TROVER, SUSAN K					
STREET ADDRESS	26 N BERMUDA AVENUE		2 3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	<u></u>	2.4 C	TY-ST	-ZIP	
TITLE	J	L DELET	DELETE 3.1 TITL			Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET.	ADDRESS	
CITY-ST-ZIP			3.4 C	ITY-ST	-ZIP	
TITLE		DELET	E 4.1 T	ITLE		Change Addition
NAME		_, 5000	4.2 N	AME		
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP				ITY-ST		
TITLE					-ZIP	topopopoa dom to
· ·		DELET	٠ .	5.1 TITLE 5.2 NAME		500002504 305 mge Addition -07/31/9801071033
NAME						
STREET ADDRESS					ADDRESS	***150.00
CITY-ST-ZIP				ITY-ST-	ZIP	
TITLE		DELET	E 6.1 T	TLE		Change Change
NAME			6.2 N	AME		7 na 1
STREET ADDRESS			6.3 \$	TREET	ADDRESS	
CITY-ST-ZIP				ITY-ST		[[
 						

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 or an attachment with an address.

407 7/15/08

ALL STAR

Vacation Home Management, Inc.

pod

26 N. Bermuda Ave. Kissimmee Fl 34741 (407) 846-9100 (407) 933-0676 FAX allstar@magicnet.net

July 15, 1998

To Whom It May Concern,

Please be advised that All Star Vacation Home Management Inc. filed for Corporate status on Dec. 23, 1998. We did not recieve the Corporate Annual Report when it was first mailed. The second notice was the one that we recieved. After calling your office, Iam enclosing the Annual report along with a check for the original filing fee of \$150.00 as instructed.

Sincerely,

Susan K. Trover

President

All Star Vacation Home Managment Inc.