## 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 # S81242

(7)

ALL STAR AUTO CORRAL, INC.

## **FILED** Feb 06 1998 8:00am Secretary of State

							(			
Principal Place of Business Mailing Address								Ate (1 8161)	i Billet Atlait iff Er	
	TREET SOUTH		4301 44TH STREET SOUTH ST. PETERSBURG FL 33711							
US PETERSE	BURG FL 33711	ST. PETERSBURG FL 3				DO NOT WRITE IN THIS SPACE				
		00				3. Date Incorporated or Qualified				
						09/19/1991				
	Place of Business	26. Mailing Address				4. FEI Number		T.	Applied For	
21		26				59-3239389		Not Applicable		le
Suite, Apt.	#, elc.	Suite, Apt #, etc.	<del>-</del> 1			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		Add	led to Fees	
Zip	Country	Zip	Country			8. This corporation owes or has p			~	
24	25	29	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				_
<u>-</u>	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Ho	egisterea	Agent		$\dashv$
	OWE, JAMES C.		Į	٠.	TYCUTE					
	DEN, EARLE & KIEFNER, P.A.			82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
	0 2ND AVENUE SOUTH #400N . PETERSBURG FL 33701		}	B3						
			ţ	84	City		FL	B5 2	Zip Code	
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the ab	ove	-named corp	poration submits this statement for the tion's board of directors. Thereby acce	, –	L. I changir	ng its registered	<u></u>
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	if Florida. Such change was ions of, Section 607.0505, F	authorized Iorida Statu	t by utes	the corporal	tion's board of directors. Thereby acce	pt the app	oiritmeni	t as registered	
SIGNATURE										-
	Signature, typod or printed name of registered agen			Agen	it signature requi	red when reinslating)	JTACI			
12.	OFFICERS AND	DIRECTORS 13.				ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT Chan		
NAME	BIRGE, HENRY D							Chan	ge L Abolito	"   5
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	OT DETEROPHING II AGEAA									lí,
CITY-ST-ZIP	VPT	DELETE 2.1 TI			- ZIP		~ <u> </u>	Chan	ge Additio	<u>_</u>  8
NAME			•	2.2 NAME			·	La ona	90	"   ~
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CITY-ST-ZIP	ST. PETERSBURG FL 33711		2 4 011 7		i					
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NAME			3.2 NA	3.2 NAME						ŀ
STREET ADDRESS	1564 447H APREST COURT				ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33711		34 CITY-		ſ					
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NAME			4. 2 NA	ME						
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NAME			5.2 NAM	ME						1
STREET ADDRESS .			5.3 STR	REELA	ADDRESS.					
CITY-ST-ZIP			5 4 CIT	Y-ST	- 7(P					
TITLE		DELETE	611111	l f				Chan	ge 🔲 Addition	n]
NAME			6.2 NAM	ME						
STREET ADDRESS			6.3 STR	REET A	ADDRESS					
CITY-ST-ZIP			6.4 CR							_
I <b>4.4</b> Ibereb∨ c	partity that the information supplied with	a this filing done not qualify t	for the ever	oontii	on stated in	Section 119 07/3Vi) Florida Statutos I	further co	rtify that	the information	. 1

Inereby 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 is 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 receiven 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:

1-9-199P

(P13) P67-3593