

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REGISTER STATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K95288 (2)**  
 1. Corporation Name

**ALL-STAR AIR CONDITIONING & APPLIANCE CO., INC.**



Principal Place of Business	Mailing Address
5000 OAKES RD BAY G DAVIE FL 33314 US	5000 OAKES ROAD BAY G DAVIE FL 33314 US

3. Date Incorporated or Qualified <b>06/14/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0133515</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

~~LEFKOWITZ, DENNIS S. ESQ.~~ Joseph A. LEO  
~~2206 CORPORAE BLVD. N.W.~~ 1602 NW 90 way  
~~#120~~ Pembroke Pines, FL  
~~BOCA RATON FL 33431~~ 33024

81. Name	Joseph A. LEO
82. Street Address (P.O. Box Number is Not Acceptable)	1602 NW 90 way
83. City	Pembroke Pines
84. State	FL
85. Zip Code	33024

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: *Joseph A. Leo* DATE: **7/8/96**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEO, JOSEPH A.	1.2 NAME	
STREET ADDRESS	7400 STIRLING ROAD #1517	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
		900001893589	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		-07/16/96--01002--017	
		***225.00	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph A. Leo* DATE: **6/12/96**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOSEPH A. LEO** DATE: **6/12/96**  
 Registered Office # **954 4208884**

CR2E034 (3/96)