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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P95000073132

DOCUMENT #

ALL STAR AIR, INC.

Principal Place of Business

NORTH PALM BEACH FL 33408

12682 ELLISON WILSON ROAD

Mailing Address

POST OFFICE BOX 14901 NORTH PALM BEACH FL 33408

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90028 005 ***150.00

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

09/21/1995

2. Principal Pl	ace of Business	2a. Mailing Address	_	4. FEI Number	Applied For
18692	Sunset Dr.	26 P.D. Rox 3	3/ファス	59-3335706	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0 // -	City & State	1 Constaus	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Beach Gardens F.	Zip	Country	8. This corporation owes the current year Intar	gible
4 334	10 25 USA	29 33420 3	OUSA	Personal Property Tax.	☐Yes ☑No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered A	gent
				Erhart Taha	'
	ART, JOHN J.			Address (P.O. Box Number is Not Acceptable)	
	2 ELLISON WILSON RD			8692 Sinset Vr	
N PA	ILM BCH FL 33408		83	•	
			84 City	1016	85 Zip Code
			1 1 tm	m Beach Gardens FL	33410
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 characters, Liberally accept the appoint	nanging its registered ment as registered
agent. I as	m familiar with, and accept the obligation	on of, Section 67,0505, Florid	ia Statutes.	pration's board of directors. I hereby accept the appoint	ممتدور
SIGNATURE	4/1- 5-16	- Martin		Feb Z	3 1999
	Signature, typed or printed name of registered agent		legistered Agent signature r		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
TITLE	PSTD	☐ DELETE	1.1 TITLE		Metiange (1) Addition
NAME	ERHART, JOHN J		1.2 NAME	are a to Dr.	}
STREET ADDRESS	12682 ELLISON WILSON ROAD		13 STREET ADDRESS	8692 Sunset Dr. Palm Beach Gardens	لريده دم
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		1.4 CITY-ST-ZIP	Palm Beach Gardens	1-633410
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		1
STREET ADDRESS			2.3 STREET ADDRESS		İ
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	ے درے سے عوضہ است د ۱۳۰۰	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
J.,. J. L.					

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 attachment with an address, with all other like empowered.

SIGNATURE: