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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name K08112

(0)

ALL STAR ICE AND LEASING CO.

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Principal Plac	ce of Business	Mailing Address				1 10010314 014 00501 10101 15001 (1010 1	9) 8)9)) 8)8() (#### #### #11	Bir Billin IABI	
% DOMINICK 611 SOUTH LAKE WORTH	DIXIE HIGHWAY	% Dominick J. Liso 611 South Dixie Highway Lake Worth Fl 33460			DO NOT WRITE IN THIS SPACE				_	
		US				3. Date Incorporated or Qualified				
2. Principal F	Place of Business	2a. Mailing Address				01/01/1988 4. FEI Number			Applied For	┨
21	Table of Education	26				65-0023500			Not Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				L		Additional	1	
22		27				5. Certificate of Status Desired			Required	
City & Stat	re	City & State				6. Election Campaign Financing			May Be	1
23		28	T 6			Trust Fund Contribution			to Fees	4
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has p			ntangible □ No	
24	25 9. Name and Address of Curre	29 nt Registered Agent	30			Personal Property Tax due June 10. Name and Address of New Re				┨
119	60, DOMINICK J			81	Name			•		1
	1 SOUTH DIXIE HIGHWAY			82	Ctroot Addre	ess (P.O. Box Number is Not Accepta	olo)			┨
	KE WORTH FL 33436			52	Stieet Addie	ass (F.O. Box Normber is Not Accepta	JIB)			
				83						1
				84	City		FL	85 Zip	Code	1
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statut	es, the at	ove	-named corpo	oration submits this statement for the		changing	its registered	┨
office or i agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was lations of, Section 607.0505, Fl	authorized orida Stati	by utes	the corporation	oration submits this statement for the pon's board of directors. I hereby acce	pt the appo	intment a	s registered	
SIGNATURE	Signature, typed or printed name of registered ag	ort and the if applicable (NO)	E: Popietored	Ann	nt nimontura roquira	d when reinstating)	DATE			
12.		ID DIRECTORS	13.	~	it algulatore rodule	ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12	16
TITLE	Ď	☐ DELETE 1.1 Trl 1.2 NA		LE				Change	Addition	10/97
NAME	DOMINICK, LISO			ME						12
STREET ADDRESS	611 S DIXIE HWY		1.3 S ¹		ADDRESS					F034
CITY-ST-ZIP	LAKE WORTH FL		1.4 Cl1	_	- ZIP			- 1 a.		ĬŠ.
TALE		L_] DELETE	2.1 TiT				l	Change	■ Addition	۲
NAME ATREET LIBERGE			2.2 NA							
STREET ADDRESS					ADDRESS	•				
CITY-ST-ZIP TITLE		DELETE	2. 4 CI 3.1 TIT	_	1-214			Change	Addition	1
NAME		_	3.2 NA	-	1		•			l
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. CI	IY-\$1	T-ZIP					
TITLE		DELETE	4.1 TIT	LE				Change	☐ Addition	1
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 ST	REET A	NDDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST	- ZIP					J
TITLE		DELETE	5.1 TIT	LE			Į	Change	Addition	1
NAME			5.2 NAI	ΜE		,				
STREET ADDRESS			5.3 STF	REET A	ADDRESS					
CITY-ST-ZIP		TT SELECT	5.4 CH		- ZIP			-1 ~		1
TITLE		☐ DELET e	6.1 TIT				ŧ.	Change	Addition	
NAME			6.2 NA			•				
STREET ADDRESS				-	ADORESS					
CITY-ST-ZIP	vertify that the information supplied w	ith this filma does not qualify fo	6.4 CIT			Section 119.07(3)(i), Florida Statutes, I	further cert	ify that the	e information	1
1 TA 1 1 10 10 10 10 10 10 10 10 10 10 10 10	ACTOR FOR THE REPORT OF THE SUPPLIED OF A					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

indicated on this annual report or supplied with this ming does not quant to the exemption stated in Section 1.19.07(3)(), Florida Statutes. Turther certify that the information indicated on this annual report or suppliemental 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.