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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300005630

ALL-ST	ATE CONTAINER AND T	RAILOR C	O., INC.					
							<b>86</b>     <b>88  6</b>   8  18  <b>3</b>   18	) ((1) <b>12</b> ) (1 <b>1)</b>
Principal Pla	ice of Business	M	ailing Address			1 (40)(43) (10 (11)(1 00)(1 00)(1 00)(1	. BBILL BBIGS BILLS BILD	• (1(1) ••1 (10)
	SS PARK DRIVE		782 CYPRESS PARK DE	RIVE				
WELLINGTON FL 33414 WELLINGTON FL 33414 US US						DO NOT WRITE IN	THIS SOACE	
00			•			3. Date Incorporated or Qualifed	THIS SPACE	. 1
	•				•	01/19/1993		
2. Principal	Place of Business	2a.	Mailing Address			4. FEI Number	Ap	plied For
21		. 26				65-0388049	. No	ot Applicable
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>* \$8.75</b> /	Additional
	· · · · · · · · · · · · · · · · · · ·	27				5. Certificate of Status Desired	Fee Re	equired
City & Sta	ate	<u> </u>	City & State			6. Election Campaign Financing	\$5.00	May Be
23	<b>0</b>	28				Trust Fund Contribution	Added t	to Fees
Zip	Country	<u> </u>	Zip	Count	ry	8. This corporation owes the current ye		:
24	9. Name and Address of C	29	torod Apont	30		Personal Property Tax.	☐ Yes	□No
•		urrent kegis		a	1 Name	10. Name and Address of New Regist	erea Agent	<del></del>
LOI	MBARDO, PETER						and the second	
15782 CYPRESS PARK DR WELLINGTON FL 33414			A CC 11C		2 Street A	Street Address (P.O. Box Number is Not Acceptable)		
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				· [	<u> </u>	一一一一个行为完全多新。但是重新的意思		
	•			8	4 City	,	FL 85 Zip C	Code
11. Pursuan	at to the provisions of Sections 607	7.0502 and 6	07.1508. Florida Statut	tes, the abo	ve-named co	emoration submits this statement for the numor		registered
office or	registered agent or both in the S	State of Florio	la Cuah ahanaaaa			stign's board of directors. I because a second the	appointment or re-	giotorod
119 anent I	am familiar with, and acceptation	bligations of	ia. Such change was a Section∕\$07.0605. Ele	utnonzea a	y the corpora	allori's board of directors, I hereby accept the a	appointment as re	gistered
		obligations of,	Section 607 0505, Flo	orida Statute	y the corpora	erporation submits this statement for the purpo- ation's board of directors. I hereby accept the a	appointment as re	gistered .
SIGNATURE		mod	rxi			ulori's board of directors. I nereby accept the a		gistered
	Signature, typed or printed name of registere OFFICER	mod	f applicable. (NOTE				TE	
SIGNATURE	Signature, typed or printed name of registere OFFICER	ed agent and title i	f applicable. (NOTE	: Registered Ag	ent signature req	uired when reinstating) 7 ; DA	TE	
SIGNATURE	Signature, typed or printed name of registere OFFICER P LOMBARDO, PETER	ed agent and title i	f applicable. (NOTE	: Registered Ag	ent signature req	uired when reinstating) 7 ; · · · · · · · DA · · · · · · · · · · ·	TE IS AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registere OFFICER P LOMBARDO, PETER s 15782 CYPRESS PARK DR	ed agent and title i	f applicable. (NOTE	13. 1.1 TITLE	ent signature req	uired when reinstating) 7 ; · · · · · · · DA · · · · · · · · · · ·	TE IS AND DIRECTO	PRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere OFFICER P LOMBARDO, PETER s 15782 CYPRESS PARK DR WILLINGTON FL	ed agent and title i	f applicable. (NOTE	13. 1.1 TITLE	ent signature requests	uired when reinstating) 7 ; · · · · · · · DA · · · · · · · · · · ·	TE IS AND DIRECTO	PRS IN 12
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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 coporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

56/ 793-1314

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90011 019 \*\*\*158.75