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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081099 (0)

ALLSTAR COMMERCIAL SERVICE, INC.

Principal Place of Business

Mailing Address

7501 NW 4 STREET #112 PLANTATION FL 33317

7501 NW 4 STREET #112 **PLANTATION FL 33317-2246**

FILED Apr 21 1997 8:00am Secretary of State



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2. Principal Place of Business			F	2a. Mailing Address 26			-	4. FEI Number			plied For
21 Suite Ant	Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0626477 Not Applicable			
22	#, 6tC.		27	Colle, P.D. W. Bic.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	е			City & State				6. Election Campaign Financing	\$:	5.00	May Be
23			28					Trust Fund Contribution			o Fees
Zip	L, Co	untry		Zip	Cor	untry	•	8. This corporation has liability for		nder s.	199.032,
24	25		29		30	,			Yes 🔀 No		
Little		ddress of Curren	Hegiste	ered Agent		81	Name	10. Name and Address of New Re	gistered Agent		
WACHHOLDER, BARRY L 7501 NW 4 STREET #112						or Name					
			82 Street Ad			Street Add	oddress (P.O. Box Number is Not Acceptable)				
PLA	NTATION FL 333										
						33					
						84	City		FL 85	Zip (ode
44 Durayool	to the provisions of	Sections 607.000	and 60	7 16.00 Florida Crat.	oe the e		nomad cor	position authority this statement for the		alna ii	- receiptor and
office or r	registered agent, or	both, in the State	of Florida	a. Such change was	authorize	id by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	pt the appointme	antas	registered
=	m iamiliar with, and	accept the obliga	uons of,	Section 607.0505, Flo	orida Stal	tutes	S.				
SIGNATURE	Signature, typed or printed	name of topistated ager	n and title if	applicable. (NOT	1 : Boo store	d Age	uper oruterpia for	ired when reinstating)	DATE	-	.,
12.		OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFIC		CTOR	S IN 12
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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 it made under or lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURA EL OLDEN 201-486-8191