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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000084201 (8)

ALL STAR EQUITY GROUP, INC.

Principal Place of Business
6580 PONDAPPLE ROAD

Mailing Address

6580 PONDAPPLE ROAD BOCA RATON FL 83433-1927

FILED May 14 1997 8:00am Secretary of State



| | 3. Date Incorporated or Qualified 10/11/1996 | 3a, Date of Last Report |
|---|---|------------------------------------|
| 2. Principal Place of Business 2a. Mailing Address 21 26 | 4. FEI Number | Applied For Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional |
| 27 | | Fee Required |
| City & State City & State 23 28 | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country Zip Country | 8. This corporation has liability for | ntangible tax under s. 199.032, |
| 24 25 29 30 30 9 Name and Address of Current Registered Agent | Fiorida Statutes 10. Name and Address of New Re | Yes No |
| AMERILAWYER CHARTERED 81 Name | WIN HIBERT | |
| OAO ALLEGOA ALPAUE | iress (P.O. Box Number is Not Acceptab | ile) |
| CORAL GABLES FL 33134 | | |
| 83 658 | 30 PONDAPPHERD. | |
| 84 City BOC | A RATON | FL 85 33433 |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or redistanced from or redistanced from the State of Florida, Such phanna was authorized by the corporation | poration submits this statement for the p | ourpose of changing its registered |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named con office or registered Coopt, or both, in the State of Florida. Such change was authorized by the corpora agent. I am I smills I will a fit accept the obligations of Section 607.0505, Florida Statutes. | and is board or directors. Thereby accept | 7.0.91 |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requi | 1611114 | DATE |
| 12. OFFICERS AND DIRECTORS 13. | ADDITIONS/CHANGES TO OFFIC | |
| TIFLE PSTD DELETE 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME WEIN, HUBERT 12 NAME | | |
| STREET ADDRESS CITY-ST-ZIP 6580 PONDAPPLE ROAD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP | | |
| TITLE DELETE 2.1 TITLE | | Change Addition |
| NAME 22 NAME | | |
| STREET ADDRESS 23 STREET ADDRESS | • | 4, 4 |
| CHY-ST-ZIP 2 4 CHY-ST-ZIP | | T About T Leading |
| TITLE DELETE 3.1 VITLE | | Change Addition |
| NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE DELETE 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME 4.2 NAME | | |
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| City-S1-2iP 44 City-ST-2iP | | , |
| TITLE DELETE 511TITLE | | Change Addition |
| NAME 5.2 NAME | | |
| STREET ADDRESS 5.3 STREET ADDRESS | | |
| | | Change Addition |
| NAME 62 NAME | | — C. m. A. — 100 (A) |
| STREET ADDRESS 6.3 STREET ADDRESS | | |
| CITY-ST-Zir | | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption state | nd in Section 119.07(3)(i), Florida Statute | s. I further certify that the |

I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes: 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; the arm 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.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

KPKIV 28,47

561-857-9861

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