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

DOCUMENT # P98000022206

ALL STAR RENTALS, INC.

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90026 001 ***150.00



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Principal Place of Business Mailing Address						1 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 1 1 1 2 2 1 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 2				
3511 SOUTH PE		3511 SOUTH PENINSULA DR								
DAYTONA BEACH FL 32127		DAYTONA BEACH FL 32127				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 03/09/1998				
2 Dringing Di	ace of Business	2a. Mailing Address			4. FEI Number Applied For			Applied For		
		<u> </u>				59-3550697			Not Applicable	
21 233 Suite, Apt.	SO, ATLANTIC AUC.	Suite, Apt. #, etc.					\$8.7	5 Additional		
_	m, 0.00.	27				5. Certifcate of Status Desired		Fee	Required	
City & State	а	- City & State				6. Election Campaign Financing		\$5.0	May Be	
23 DAY+0	6	28				Trust Fund Contribution		Adde	ed to Fees	
Zip	Country	Zip	Coun	itry		8. This corporation owes the curre	ent year Inta	ngible	i	
24 32 (18	8 25 VOLU9, A	29	0			Personal Property Tax.		Yes	No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	legistered /	Agent		
		•	1	81	Name /	LOYD SEAVEY				
	/ey, lloyd	82 Street Add			Street Addres	ress (P.O. Box Number is Not Acceptable) }				
	SOUTH PENINSULA DR	<u> </u>			12	233 SO. ATLANT	IC AV	<u>e. </u>		
DAYT	rona Beach FL 32127			83		•				
				84	City			85 Z	ip Code	
	to the provisions of Sections 607.0502			1	1787	TONA BEACH	FL		ip Code 32118	
office need	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligations of the state of manufacture, typed or printing name of registered agent	ons of, Section 607.0505, Florid	nonzeo Ia Statu	ites.	ne corporation	is board of directors. Thereby accept	DATE			
12,	OFFICERS AND		13.	<u> </u>		ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1,1 TIII	LE				Chan	ge	
NAME	SEAVEY, LLOYD		1.2 NA	ME						
STREET ADDRESS	228 FARMBROOK RD		1.3 STF	REET A	ADDRESS					
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CIT	Y-ST-	Z!P					
TITLE	<u> </u>	☐ DELETE	2.1 TIT	ξE				[]] Chan	ge	
NAME			2.2 NA	ME						
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CITY-ST-ZIP			2.4 CI	TY-ST-	-ZIP					
TITLE		☐ DELETE	3.1 TIT	LE				Chan	ge . Addition	
NAME	ſ		3.2 NA	ME	1					
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CITY-ST-ZIP	}		3.4. CI	TY-ST-	- <u>ZIP</u>					
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STREET ADDRESS	}		4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP					
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NAME			5.2 NA							
STREET ADDRESS	(5.3 ST	REET	ADDRESS					
CITY-ST-ZIP	ļ			TY-ST-	ZIP					
TITLE		☐ DELETE	6.1 TI	LE				☐ Chan	ge	
NAME			6.2 NA	ME						
1	Į.		63 ST	REET	ADDRESS					

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered. Block 12 or Block 13 if changed, or

6.4 CITY-ST-ZIP

SIGNATURE: