1999



Secretary of State DIVISION OF CORPORATIONS

## FLORIDA DEPARTMENT OF STATE Katherine Harris

## Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90169 003 \*\*\*158.75

**FILED** 

DOCUMENT # 324772  1. Corporation Name								
STAR STYLED DANCING SUPPLIES, INC.								
• • • • • • • • • • • • • • • • • • • •		,				! *88*88   1411   1411   1481   1 <b>6</b> 17   <b>16</b> 17	AN	
Principal Place of Business Mailing Address					•			
920 W 23 STREET PO BOX 119029			•					
HIALEAH FL 33010 HIAL US US		HIALEAH FL 33011-9029				DO NOT WRITE IN T	HIS SPACE	
00		•				3. Date Incorporated or Qualifed		
						12/29/1967		
2. Principal Pl	lace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	Ap	plied For
21		26				59-1206273	<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	3			5. Certifcate of Status Desired	\$8.75 A Fee Re	
22		City & State					· · · · · · · · · · · · · · · · · · ·	
City & State	e	<u></u>	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•
<b>Zip</b>				,		This corporation owes the current year		01000
24	25 29 30		Country 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current					10. Name and Address of New Registe	red Agent	
uco	14444 0430 147		81	Na	ame			
HERMAN,CLIVE W			82	Str	reet Addre	ess (P.O. Box Number is Not Acceptable)		
1091 RED BIRD ROAD								
MIAMI SPRINGS FL 33166			83					
			84	Cit	ty		85 Zip 0	Code
		1007.4500 El : 1 Bi	1 1	L			FL   55 E.p.	rogistorod
office or re	egistered agent, or both, in the State o	of Florida. Such change was au	uthorized by	the c	mea corpo corporatio	pration submits this statement for the purpos n's board of directors. I hereby accept the a	ppointment as re	gistered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes	<b>3</b> .				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Age	nt signa	ature required	when reinstating) DATI	<u> </u>	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	Р	☐ DELETE 1.					☐ Change	☐ Addition
NAME	GIBERSON, PHILIP		1.2 NAME					ļ
STREET ADDRESS	570 GLEN WAY		1.3 STREE	TADDF	RESS			
CITY-ST-ZIP	MIAMI SPRINGS, FL 00000			T-ZIP			<u> </u>	
TITLE	VD	☐ DELETE	2.1 TITLE			•	☐ Change	Addition
NAME	HERMAN,CLIVE	,						
STREET ADDRESS	10011125 5110 110115		2.3 STREE	2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SPRINGS FL 33166			ST-ZIP			Change	Addition
TITLE			3.1 TITLE				Change	
NAME			3.2 NAME					
STREET ADDRESS	LUAL H OPPINION FL ARAGA			3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME			-	_ ,	_
STREET ADDRESS			4.3 STREET ADDRESS		RESS		•	
CITY-ST-ZIP			4.4 CITY-S					
TITLE			5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDF	RESS			
CITY-ST-ZIP			5.4 CITY- S	T-ZIP				
TITLE	DELETE 6:		6.1 TITLE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME					/*
STREET ADDRESS			6.3 STREE	6.3 STREET ADDRESS				
CITY-ST-ZIP	l :		6.4 CITY- S	T- ZIP			**	

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 of supplementa 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 he 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 is an attachment with an address, with all other like empowered. MILIP D. GIBERSON

SIGNATURE: