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

CORPORATION ANNUAL REPORT 1998 DOCUMENT #

Principal Place of Business

950 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020

2. Principal Place of Business

SHAPIRO, NOEL

Suite, Apt #, etc.

City & State

21

22

23 Žip

24



396305

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

STAR RANCH ENTERPRISES, INC.

Country

9. Name and Address of Current Registered Agent

Mailing Address

26

28

29

950 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 39020

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified

Yes_

4 198 9549207711

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Not Applicable

02/23/1972

59-1383982

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FE! Number

HOLIVAKOOD EL COCCO			82	2∣St	reet Address (P.O. Box Number is I	Not Acceptable)	'		1
HOLLYWOOD FL 33020			83	.					-
			100	1					Ì
			84	Ci	ty	FL	85 Zip C	Code	1
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the ab					med corporation submits this states	ment for the purpose of	changing its	s registered	1
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered					nature required when reinstating)	DATE			1-
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANG	SES TO OFFICERS AND	DIRECTOR	S IN 12] {
TITLE	D	DELETE	1,1 TITLE				Change	Addition	15
NAME	SHAPIRO, NOEL		1,2 NAME						>
STREET ADDRESS	950 S. DIXIE HIGHWAY		1,3 STREE	T ADDE	ESS				ļ
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY - ST - ZIP						Į
TITLE	D	DELETE	2.1 TITLE				Change	Addition	75
NAME	GARMIZO, MANUEL		2.2 NAME						
STREET ADDRESS	950 S. DIXIE HIGHWAY		2,3 STREE	T ADDF	iess (,			
CITY-ST-ZIP	HOLLYWOOD FL		2, 4 CITY-	-ST-ZII	,				
TITLE	\$D	☐ DELETE	3.1 TITLE				Change	Addition	1
NAME	SHAPIRO, JAIME		3.2 NAME						ł
STREET ADDRESS	950 S. DIXIE HIGHWAY		3.3 STREE	T ADDR	iess (
CITY - ST - ZIP	HOLLYWOOD FL		3.4, CITY-	ST-ZIF	>				İ
TITLE	D	DELETE	4.1 TITLE				Change	Addition	1
NAME	GARMIZO, SAMUEL		4. 2 NAME	Ξ					1
STREET ADDRESS	950 S. DIXIE HIGHWAY		4.3 STREE	T ADDE	IESS				
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-	ST-ZIP					
TITLE		DELETE	5.1 TITLE				Change	Addition	1
NAME			5.2 NAME		1				1
STREET ADDRESS			5.3 STREE	T ADOF	ESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP					
TITLE		DELETE	6,1 TITLE				Change	Addition]
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDE	ESS				
CITY-ST-ZIP			6.4 CITY -						
14. I hereby o	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 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 a strachment with an address PRISES INC									

Country

Name

30