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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90033 003 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 652980

1. Corporation Name
STAR INSTANT PRINTING CENTER, INC.



Principal Place of Business 1201 S. OCEAN DR. APARTMENT 2111S HOLLYWOOD FL 33019 US	Mailing Address 1201 S. OCEAN DR. APARTMENT 2111S HOLLYWOOD FL 33019 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o WEISS Suite, Apt. #, etc. 22 11549 ALANA TERRACE City & State 23 BOYNTON BEACH Zip Country 24 33437 25 FL 29 BOYNTON BEACH 30 FL	2a. Mailing Address 26 c/o WEISS Suite, Apt. #, etc. 27 11549 ALANA TERRACE City & State 28 BOYNTON BEACH Zip Country
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3. Date Incorporated or Qualified 01/22/1980	Applied For Not Applicable
4. FEI Number 59-1974803	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GREENBERG, ARLENE
1201 S. OCEAN DR.
APARTMENT 2111S
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent
 81 Name **GREENBERG, ARLENE**
 82 Street Address (P.O. Box Number is Not Acceptable)
11549 ALANA TERRACE
 83
 84 **BOYNTON BEACH** **FL** 85 Zip Code **33437**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 *Arlene Greenberg* DATE 2/12/99
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	GREENBERG, ARLENE
STREET ADDRESS	1201 S. OCEAN DR. #2111
CITY-ST-ZIP	HOLLYWOOD BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

cc # 3883

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	11549 ALANA TERRACE
1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Arlene Greenberg* DATE: 2/12/99 DAYTIME PHONE #: 5617401135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0545327

CR2E034 (1/98)