Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90032 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J79881

1. Corporation Name

DAYSTAR MARKETING CORPORATION

| Principal Place of Business Mailing Address | | | | | | | | 111 | | 18018 18101 1818 | # 10#01 #1 6 # 01 6 # | | 018)(8)0() (80) |
|---|---|-----------|--|------------|---------|----------------|----------------------------|------------------|---------------|------------------|-------------------------------------|--------------|--------------------------|
| 1117 CEPHIA STREET LAKE WALES FL 33853 | | | POST OFFICE BOX 472 LAKE WALES FL 33859 | | | | | | | | | | |
| US US | | | | | | | DO NOT WRITE IN THIS SPACE | | | | | | |
| | | | | | | | | | r · | ed or Qualife | ed | | |
| | | | | | | | | 06/22 | | | | | |
| 2. Principal P | Place of Business | | Mailing Address | | | | | 4. FEI Nus | | | | <u> </u> | oplied For |
| 21 | | 26 | Cuita Ant # ata | | | | | 59-28 | <u> 29160</u> | | | | ot Applicable Additional |
| - Suite, Apt. | #, etc. | — | Suite, Apt. #, etc. | | | | ļ | 5. Certifca | te of Sta | tus Desired | | | equired |
| 22 City & Stat | | 27 | City & State | | | | | 6 Election | Campa | ign Financir | . | | May Be |
| 23 | | 28 | ony a onaio | | | | | | und Con | - | 9 D | • | to Fees |
| Zip | Country | | Zip | Cc | untry | | | 8. This co | poration | owes the c | urrent year ! | ntangible | |
| 24 | [25] | 29 | | 30 | | | | | al Proper | | | Yes | □No |
| | 9. Name and Address of Curren | t Registe | ered Agent | | Ι., | | • | 10. Name a | and Add | ress of Nev | w Registere | d Agent | |
| | TION 0 | | | | 81 | Name | -5 | haw. | Th | o mas | C: | | |
| | W, THOMAS C. | | | | 82 | Street A | Address | | Number | is Not Acce | | • | |
| | E. ROBINSON STREET | • | | | | | 124 | 10 /t | oya! | oak | Drive | 9 | |
| | TE 510 | | | • | 83 | | | | • | | | | |
| OHL | ANDO FL 32801 | | • | | 84 | City | , s J | | | | | 85 Zip | Code |
| | to the provisions of Sections 607.050. | | | · . | 41 | \mathcal{W} | rint | er D | orin. | 95 | F | | 1708 |
| SIGNATURE | Signature, typed or printed name of registered agen | | | : Register | | t signature ra | equired wh | nen reinstating) | NS/CHA | NGES TO | DATE OFFICERS A | AND DIRECTO | DRS IN 12 |
| TITLE | PST | | ☐ DELETE | 1.1 | ΠħΕ | | | | | , . | | Change | ☐ Addition |
| NAME . | SHAW, HUGH D. | | | 1.2 | NAME | | | | | | | | |
| STREET ADORESS | 1117 CEPHIA ST | • | | 1.3 | STREET | ADDRESS | • | | | V 200 | | • | |
| CITY-ST-ZIP | LAKE WALES FL | | | 1.4 | CITY-ST | -ZIP | | | | | | | |
| TITLE | D | | ☐ DELETE | 2.1 | TITLE | - | | | | | | ☐ Change | Addition |
| NAME | SHAW, HUGH D. | | | 2.2 | NAME | } | | | | | • • | | |
| STREET ADDRESS | 1 | | | 2.3 | STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | LAKE WALES FL | | · | | CITY-S | r-zip | • | • , | | | | ☐ Change | Addition |
| TITLE | D CHANG CAROLIVAL | | ☐ DELETE | | TITLE | | | | | | | □ Onlingo | |
| NAME , | SHAW, CAROLYN | | | | NAME | ADDRESS | | | | | | | |
| STREET ADDRESS | 1117 CEPHIA ST LAKE WALES FL | | | | CITY-S' | - 1 | | • | | | | | |
| TITLE | LANE WALES FL | | ☐ DELETE | _ | TITLE | 1-ZIP | | | | | | ☐ Change | Addition |
| NAME | | | <u></u> | | NAME | | | | | | | | _ |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | CITY-ST | | | | | | | | |
| TITLE | | | ☐ DELETE | _ | TITLE | | | | | · | · · · · · · | Change | ☐ Addition |
| NAME | | | | 5.2 | NAME | İ | | | | | ٠, | | |
| STREET ADDRESS | | | | 5.3 | STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | CITY-ST | -21P | | | | | · . | | |
| TITLE | • | - | ☐ DELETE | - 1 | TITLE | | | | | - | | ☐ Change | ☐ Addition |
| | 1 . | | | 6.2 | NAME | | | | | | | | 1 |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP