

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

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FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90030 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P9200001129

1. Corporation Name
35 STAR ISLAND INC.



Principal Place of Business ONE S. POINTE DR. MIAMI BEACH FL 33139 US	Mailing Address ONE S. POINTE DR. MIAMI BEACH FL 33139 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 404 WASHINGTON AVE.	2a. Mailing Address 26 404 WASHINGTON AVE.
Suite, Apt. #, etc. 22 120	Suite, Apt. #, etc. 27 120
City & State 23 MIAMI BEACH, FL	City & State 28 MIAMI BEACH, FL
Zip 24 33139	Country 25 DADE
Zip 29 33139	Country 30 DADE

3. Date Incorporated or Qualified 12/11/1992	4. FEI Number 65-0382871	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	Trust Fund Contribution
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

~~THREATT, ROBERT R~~
~~ONE S. POINTE DR.~~
~~MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent

81 Name **BRIAN A. HART**
THOMSON, MURRAY RAZOOKY HART, P.A.

82 Street Address (Box Number is Not Acceptable)
ONE SOUTHEAST THIRD AVENUE

83 **17TH FLOOR**

84 City **MIAMI** FL 85 Zip Code **33131**

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 *Brian A. Hart* **BRIAN A. HART** **4/29/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANAU, H ONE SOUTH POINTE DR MIAMI BCH FL 33139	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAMER, THOMAS ONE SOUTH POINTE DR MIAMI BEACH FL 33139	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	404 WASHINGTON AVE. SUITE 120 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VS MARGARET NEE 404 WASHINGTON AVE., SUITE 120 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S CATHY COLONNESE 404 WASHINGTON AVE., SUITE 120 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Cathy Colonese* **CATHERY COLONNESE** **4/29/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)