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

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

**FILED** Jun 18 1998 8:00am ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name P97000094111 (6) NORTH STAR VISIONS, INC. Principal Place of Business Mailing Address 7108 FAIRWAY DRIVE. SUITE 100 7108 FAIRWAY DRIVE. SUITE 100 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-079 aa7 0 21 Same Not Applicable same 26 Suite, Apt. #, etc Suite Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CONDOR, DEE DEE 7108 FAIRWAY DRIVE, SUITE 100 Street Address (P.O. Box Number is Not Acceptable) 82 PALM BEACH GARDENS FL 33418 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607.1509. 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 Lorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 THUE Change Addition 1.2 NAME NAME STREET ADORESS CITY-ST-ZIP 1.4 CITY - ST- ZIP Change DELFTE Addition 2 1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP 31 THLE Change Addition TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP 4.4 CITY - ST - ZIP DECETE 5.1 TITLE Change Addition TITLE

6.4 CITY - S1 - ZIP CITY-ST-ZIP 14. Thereby 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

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 7IP

Addition

Change