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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DOCOCO1151

## FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90070 036 \*\*\*150.00

1. Corporation Name							
STAR P	OWER PUBLISHING, INC.						
					1 1001106; 110 11101 11011 0111 0111 011	<b>   </b>	
	•						
Principal Place of Business Mailing Address					1 10011001 11% (816: 1011: 08111 08111 0011)	B	I BIIAL IIAI FABI
4019 78TH DRIVE EAST 4019 78TH DRIVE EAST							
SARASOTA FL 34243 SARASOTA FL 34243							
ľ					DO NOT WRITE IN 1	HIS SPACE	
					3. Date Incorporated or Qualifed		
2 Principal D	Nage of Business	2. Mailing Address			03/05/1998 4. FEI Number		- Und Co-
2. Principal Place of Business 2a. Mailing Address 2b. 4019 78th Dri				1	65-0820748	<u> </u>	plied For t Applicable
21   26   4019 78th D1   Suite, Apt. #, etc.   Suite, Apt. # atc.		ive <u>tast</u>		03-0620746	\$8.75		
			Ω1		5. Certifcate of Status Desired	Fee Re	
City & Stat	te	City & State	٠	<u>.</u>	6. Election Campaign Financing	\$5.00	
— · —		<b>⊢</b>	1		Trust Fund Contribution	Added t	•
Zip			Countr	y	8. This corporation owes the current year		
24	25 29 34270-0581 30		o USA	1	Personal Property Tax.	🗷 Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
	141 AL AND D		81	Name			
SHAW, ALAN R 4019 78TH DRIVE EAST			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
			555. Fladi			-	
SAH	ASOTA FL 34243		83	3			
			84	City		85 Zip (	Code
						FL	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	the abov	e-named corp	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its	registered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Statute	s.	or s board of directors. Thereby accept the a	opolitiment as re	gistared
SIGNATURE	_						
	Signature, typed or printed name of registered agent			nt signature required			
12. ,	PSTD OFFICERS AND	DELETE	13. 1.1 TITLE	<del></del> _	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME \	OTALLONE MODULE INC		•				
STREET ADDRESS	AND DETTI DOUGLE CARE		1.2 NAME 1.3 STREET ADDRESS		•		
	SARASOTA FL 34243			1			
CITY-ST-ZIP TITLE			1.4 CITY-5 2.1 TITLE	51-ZIP		☐ Change	Addition
NAME	SHAW, ALAN R	2, 222014	2.2 NAME	}			
STREET ADDRESS	4040 TOTAL DONE FLOT			T ADDRESS			
CITY-ST-ZIP	CADACOTA EL OJOAC		2.4 CITY-		•		
TITLE			3.1 TITLE	31-21	<del></del>	☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	1			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME							
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			137	r-ZiP	<u> </u>		
TITLE .			100		· ·	☐ Change	☐ Addition
l							
NAME			2 NAME				
STREET ADDRESS				T ADORESS			

14. I hereby certify that the information supplied with this to scalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appears to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual officer or director of the corporation or the receiver a Block 12 or Block 3 if changed, or on an attachm ress, with all other like empowered.

SIGNATURE

Jacqueline Stallone

Daytime Phone #

CR2E034 (11/98)