FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90025 025 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 206320 1. Corporation Name

STAR COMMUNICATIONS, INC.

Principal Place of Business Mailing Address GULF SHORE DRIVE GULF SHORE DRIVE DOG ISLAND BOX 5032 DOG ISLAND BOX 5032 CARRABELLE FL 32322 CARRABELLE FL 32322							DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed 09/27/1957				
2. Principal Place of Business 2a. Mailing Address						4.	FEI Number		<u> </u>	Applied For	
Suite, Apt.	# etc.	Suite Ant # etc	Suite, Apt. #, etc.			-	58-0807152			Not Applicable	
22		27			5.	Certifcate of Status Desired			5 Additional Required		
City & Sta	te	City & State			6.	Election Campaign Financing		\$5.0	0 May Be		
Zip	Country	28	Cou	ntn		-	Trust Fund Contribution			ed to Fees	
24	25	29	30	iiiry		8.	This corporation owes the curre Personal Property Tax.	ent year int	tangible	⊒ 1 Νδ′	
	9. Name and Address of Curre		[30]			10.	Name and Address of New R	eaistered		2110	
	7	<u> </u>	*	81	Name						
GUNTER, MAURICE S. JR.				00	C1 1 1-1	(5					
DOG ISLAND BOX 5032				82	Street Addre	ess (F	O. Box Number is Not Accepta	DIE)	1 1		
GULF SHORE DR.				83					30 f () 1 f		
CARRABELLE FL 32322				-	0"			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		2. 學想 3個 18日	
		to the second second		84	City			FL	85 Zi	p Code	
agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	bv t	the corporation	oration n's bo	n submits this statement for the pard of directors. I hereby accep	purpose of t the appoi	changing intment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE	: Registered	Agent	signature required	l when a	einstating) /	DATE			
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF		ID DIREC	TORS IN 12	
TITLE	PVT	☐ DELETE	1.1 TiT	LE			294X74W		☐ Chang		
NAME	GUNTER, MAURICE S JR		1.2 NA	ME			. Y 'n t ''				
STREET ADDRESS	DOG ISLAND BOG 5032		1.3 ST	REET	ADDRESS					1	
CITY-ST-ZIP	CARRABELLE FL		1.4 CIT	Y-ST-	-ZIP						
TITLE	S DELETE 2.11			2.1 TTLE					Change	e	
NAME			2.2 NA	2.2 NAME							
STREET ADDRESS	507 PARLIAMENT CIR		2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	FLORENCE SC 29501		2. 4 Cr	TY-ST	- ZIP					-	
TITLE		☐ DELETE	3.1 TIT	LE			1.5.161		☐ Change	e - 🔲 Addition	
NAME			3.2 NA	ME							
STREET ADDRESS			3.3 STI	REET	ADDRESS		Programme Control	De Day		i a ret i filigeliska	
CITY-ST-ZIP	<u> </u>		3.4. CI	TY-ST	-ZIP						
TITLE		☐ DELETE	4.1 TIT	LE			A Property of the	1 6 1 21 3	Change	e 🗀 🔃 Addition	
NAME		•	4, 2 NA	ME							
STREET ADDRESS			4.3 STF	REET	ADDRESS						
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP						
TITLE		☐ DELETE	5.1 TIT						☐ Change	e	
NAME			5.2 NA	ΝE			11.7 (1)				
STREET ADDRESS					ADDRESS						
City-St-Zip			5.4 CIT		ZIP						
TITLE		☐ DELETE	6.1 TITI						☐ Change	e Addition	
NAME			6.2 NA								
STREET ADDRESS			6.3 STE	REFTA	ADDRESS						

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.

6.4 CITY-ST-ZIP

SIGNATURE: