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Jan 23, 1999 8:00am

Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999		DIVISION OF	CORPORA	TIONS		icumy or	State	
DOCUMENT # 287776						01-23-1999 90026 020 ****150.00			
1. Corporati	ion Name 28/	776							
STARLI	ITE CONSTRUCTION	CORPORATION				·			
		00111 0111111011			•	1 3 0 0 110 110 110 1	I 1819 1800 1800 1800 1800 1800 1800 1800	HERI BIBIK BIBIK BIBIK	#(#1) *(#1) (***)
Principal Pla	ice of Business	Mailing /	Address			<u> </u>	: 1871), 268); 188)) 188)B B(() 4	i a ni even ava n even	91911 B1011 1981
3544 SANREMO TERR. P. O. BOX 2547									
SARASOTA F	L 34239	SARASOT	A FL 34230				v		
		US					DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporat	ed of Qualifed		
2. Principal	Place of Business	2a. Maili	ng Address			12/14/1964 4. FEI Number	 	- - - -	nlind For
21		26				59-1096782			oplied For ot Applicable
Suite, Ap	t. #, etc.		, Apt. #, etc.			1			Additional
22	<u> </u>	27				5. Certifcate of Sta	atus Desired 🔲		equired
City & Sta	ate	City	& State			6. Election Campa	ign Financing	\$5.00	May Be
23		28				Trust Fund Con		, Added	
Zip	Country	Zip	r	Count	ry		owes the current year		_
24	25 9. Name and Address (29	4	30		Personal Prope		☐ Yes	□No
<u></u>	5. Name and Address (Current Registered	Agent	8	1 Name	10. Name and Add	Iress of New Register	ed Agent	
KEI	TEL. MARIANNE S.			Ľ	IValle		•		
© 1 1354	4 SAN REMO TERRACE	THE OFFICE		8:	2 Street Add	dress (P.O. Box Number	is Not Acceptable)		
SAF	RASOTA, FL FL 34239			8:	3	19.49.2 29.49.4.29. - 4213 (.) (22.	International Control of the State of the St	or Tala kidir kirik k	15/1 6:61: 1541
• • •			•	L			學。當個問題對		
				84	4 City		E	85 Zip (Code
11. Pursuan	t to the provisions of Sections registered agent, or both, in t	607.0502 and 607.150	8, Florida Statute	s, the above	ve-named cor	poration submits this sta	tement for the purpose	of changing its	registered
agent. I	registered agent, or both, in t am familiar with, and accept t	he State of Florida. Suc he obligations of, Sectio	h change was au n 607.0505. Flori	thorized by ida Statute	y the corporat s.	tion's board of directors.	I hereby accept the ap	pointment as re-	gistered
SIGNATURE		• ,					•		
	Signature, typed or printed name of rec			Registered Age	ent signature requir	red when reinstating)	DATE		
12.	OFFIC	ERS AND DIRECTOR		13.	~ :- [-	ADDITIONS/CHA	NGES TO OFFICERS		
NAME	KEITEL, MARIANNE S.		DELETE		عدالمقد عدم	5,5 (1967.37		Change	- Addition
STREET ADDRESS				1.2 NAME					
CITY-ST-ZIP	SARASOTA FL				ET ADORESS				
TITLE	VD	•	[] DELETE	1.4 CITY-1	ST-ZIP			☐ Change	Addition
NAME	SWITZER, DANIEL M	•		2.2 NAME			•	. Change	☐ Addition
STREET ADDRESS	1				ET ADORESS I		n.		}
CITY-ST-ZIP	SARASOTA FL			2. 4 CITY-	f				.
TITLE SAFERY	C secondarion		DELETE	3.1 TITLE				☐ Change	Addition
NAME A	SWITZER, MARY P	ortifellage		3.2 NAME				—; · •	
STREET ADDRESS	. 3544 SAN REMO TERR	V (V V V V V V V V V V V V V V V V V V		3.3 STREE	TADDRESS	رد خ و ا	den salata Barra a era	A contraction to the second	147: 52914 50.91
CITY-ST-ZIP	SARASOTA FL		•	3.4, CITY-	ST-ZIP				
TITLE	STD	-	☐ DELETE	4.1 TITLE		1 4 1 1 1 1 1	3 · 10 · 12 · 140 3/6 [3	Change	ी 💽 Addition
NAME 2004 SANGER	KEITEL, MARIANNE S.		•.	4. 2 NAME	1				
STREET ADDRESS		· A service	**	4.3 STREE	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL	<u>''</u> ':'	<u> </u>	4.4 CITY-S	ST-ZIP				
TITLE	· · ·		☐ DELETE	5.1 TITLE	- 1		• • •	☐ Change	Addition
NAME	,			5.2 NAME	TADDOESS	10.55			ĺ
STREET ADDRESS	F.,	i		1	T ADDRESS				
TITLE	SCHOOL SECTION CO.		DELETE	5.4 CITY-S 6.1 TITLE	1:41	<u> </u>			Address.
	1			U. 111164	ı			Change	☐ 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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

35H 54W Tell 11H

SAFE YOUR HI