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

**PROFIT CORPORATION** ANNUAL REPORT 1998 DOCUMENT # STAR GIFTS INC

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

491487

(5)

**FILED** Apr 09 1998 8:00am Secretary of State

STAR GIF (6) INO				1 (01)   010   1010   1010   1010   1010   1000   1000   1000   1000   1000	I BIJAN BIBN BIBN JABN HABA
Principal Place of Business		Mailing Address			. 41911 61611 81811 41811 1841
18000 CHAMBERLIN-8674		16000 CHAMBERLAIN DR. #8674 SW REGIONAL JETPORT FT MYERS FL 33913			
SW FLA INTERNAT'L AIRPORT FT Myers FL 33913				DO NOT WRITE IN THIS	SPACE
US				3. Date Incorporated or Qualified	
				11/24/1975	
_	lace of Business	2a. Mailing Address	0001 11 01	4. FEI Number	Applied For
Suite, Apt.	# 810	26 /6000 CHAM Suite, Apt. #, etc.	BERLIN-86	79 59-1645708	Not Applicable
22	#, etc.	27 S.W. FL. IN	HERNAT'S DI	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 FT.MVESS	,FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25		30 1.5·H.		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
ACKERMAN, LOIS VOLK					
4510 SE 9TH PL			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
CAI	PE CORAL FL 33904		83		
			84 City	FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named c		f changing its registered
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 this 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 Signature, typed or pointed name of registered agent and little If applicable (NOTE: Registered Agent in				quired when reinetating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	ST AOVEDMAN CIDATEV	DELETE	1.1 TITLE	st and A Agatus	Change Addition
NAME	ACKERMAN, SIDNEY 4510 S E 9TH PL		1.2 NAME	COSTELLO DOROTHY	
STREET ADDRESS	CAPE CORAL, FL 00000		1.3 STREET ADDRESS 1.4 City-St-Zip	COSTELLO, DOROTHY 18150 ADAMS CIR. PT. MYERS, FL. 33913	
CITY-ST-ZIP TITLE	PD	DELETE	2.1 TITLE	PITTY EIGST FET 32712	Change Addition
NAME	ACKERMAN, LOIS VOLK	_	2.2 NAME	•	
STREET ADDRESS	4510 S E 9TH PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 00000		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		i
CITY-ST-ZIP		——————————————————————————————————————	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		La pittie	5.2 NAME		L. Singingo L. Modition
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		<del>_</del>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied wi	th this filing does not qualify for		in Section 119.07(3)(i), Florida Statutes. I further continue shall have the same local effect as if made up	ertify that the information