

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90031 040 ***158.75

DOCUMENT # 509428

1. Corporation Name

STAR CONSTRUCTION OF PORT CHARLOTTE, INC.

Principal Place of Business

18260-C PAULSON DR
PORT CHARLOTTE FL 33954

Mailing Address

18260-C PAULSON DR
PORT CHARLOTTE FL 33954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1976

4. FEI Number

59-1946762

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

LUBIN, MICHAEL H.
407 LINCOLN ROAD
SUITE 11B
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

CHERYL J. WOLFF

82 Street Address (P.O. Box Number is Not Acceptable)

18260-C PAULSON DR.

83

84 City

PT. CHARLOTTE

FL

85 Zip Code

33954

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 the 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOLFF, DAVID C.	
STREET ADDRESS	24156 YACHT CLUB BOULEVARD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LUBIN, MICHAEL H.	
STREET ADDRESS	407 LINCOLN ROAD SUITE 11B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHERYL J. WOLFF	
1.3 STREET ADDRESS	18260-C PAULSON DR.	
1.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33954	
2.1 TITLE	1ST VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL H LUBIN	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	2ND VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KRISTINE A. COMPANION	
3.3 STREET ADDRESS	18079 DUBLIN AVE.	
3.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33948	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/99

941-629-5544

CR2E034 (11/98)