

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 584792
1. Corporation Name

(6)

FOUR STAR BRANDS, INC.

Principal Place of Business
132 RONNIE DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address
132 RONNIE DRIVE
ALTAMONTE SPRINGS FL 32714

FILED
11 Oct 07 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 263 SPRINGSIDE RD
Suite, Apt. #, etc.

2a. Mailing Address
26 263 SPRINGSIDE RD
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
09/15/1978

4. FEI Number
59-1848442
Applied For
Not Applicable

22 City & State
23 LONGWOOD FL

27 City & State
28 LONGWOOD FL

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 32774 Country
25 SEMINOLE

29 32774 Country
30 SEMINOLE

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FONTAINE, RAYNALD
132 RONNIE DRIVE
MIAMI, FL
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 RAYNALD FONTAINE
83 Street Address (P.O. Box Number is Not Acceptable)
263 SPRINGSIDE RD
84 City
LONGWOOD FL 85 Zip Code
32779

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 *Raynald Fontaine*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 9/22/98

12. OFFICERS AND DIRECTORS

TITLE	PT	DELETE
NAME	FONTAINE, RAYNALD R.	
STREET ADDRESS	132 RONNIE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VS	DELETE
NAME	FONTAINE, RINA	
STREET ADDRESS	132 RONNIE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PT	Change	Addition
12 NAME	FONTAINE RAYNALD R.		
13 STREET ADDRESS	263 SPRINGSIDE Rd		
14 CITY-ST-ZIP	LONGWOOD FL 32779		
21 TITLE		Change	Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 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.

SIGNATURE: *Raynald Fontaine*

DATE 9/22/98

CR2E034 (5/98)