Applicable

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 11, 1999 8:00 am Secretary of State

03-11-1999 90164 017 ***150.00

DOCUMENT	#	609	704
1. Corporation Name			

MORNING	STAR	RHIII	DING	CORPO	IOITAS
IVICIONIALIACI	JIMI	DUIL	.DIIIU		$\sigma \circ \sigma$

MORNING STAR BUILDING				
Principal Place of Business	Mailing Address		•,	
9850 FAIRWAY CIRCLE LEESBURG FL 34788-3648 9850 FAIRWAY CIRCLE LEESBURG FL 34788-3648			DO NOT WRITE IN	THIS SPACE
			3. Date incorporated or Qualifed 02/13/1979	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1933720	Not Applica
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Count	У	This corporation owes the current year Personal Property Tax.	ar Intangible - X Yes □No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registe	red Agent
HART, WM H JR	8	1 Name		
9850 FAIRWAY CIRCLE		2 Street Addr	ess (P.O. Box Number is Not Acceptable)	
LEESBURG FL 32788	8	3		
	8	4 City		FL 85 Zip Code

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	
TITLE	PD DELETE	1.1 TITLE		Change	☐ Addition
NAME	HART, WM H. J	1.2 NAME			
STREET ADDRESS	9850 FAIRWAY CIRCLE	1.3 STREET ADORESS		•	
CITY-ST-ZIP	LEESBORO FL	14 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME		2.2 NAME			į
STREET ADDRESS		2.3 STREET ADDRESS			,
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADORESS			
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		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	61 TITLE		☐ Change	Addition
NAME		6.2 NAME			ĺ
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u> </u>	·····	

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, o) on an attachment with an address, with all other like empowered.

SIGNATURE:

March 11/999 352-728-2272