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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

615286

(2)

FILED Apr 16 1998 8:00am Secretary of State

i ESSEX	(, INC.					
Principal Plac	e of Business	Mailing Address			_{	81811 91011 81011 81811 9181† 1881
		•	•			
FIVE STAR PROPERTIES INC FIVE STAR PROPERTIES 721 US 1 217 721 US 1-217						
	M BCH FL 33408	N PALM BCH,FL	N PALM BCH,FL 33408		DO NOT WRITE IN TH	IIS SPACE
US		US	US		3. Date Incorporated or Qualified	
					03/20/1979	
⊢ .	Place of Business	h	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-1895635	Not Applicable
Suite, Apt. #, etc.		}	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	le	City & State	City & State		6 Floring Connecting Financian	
23		—¬ ·	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Žip Country		Zip Country		8. This corporation owes or has paid the	
24	25 29 30		30		Personal Property Tax due June 30.	Yes No
	· · · · · · · · · · · · · · · · · · ·	Current Registered Agent			10. Name and Address of New Register	ed Agent
DL	JANE C HEISER, FIVE STA	R PROPERTIES,INC	8	1 Name		
721 US 1,217			8	2 Street Addre	ess (P.O. Box Number is Not Acceptable)	
NO.	ORTH PALM BCH,FL 3340	8	82 Street Add		233 (1.0. DOX NOTIDE 13 NOT Acceptable)	
	•		8:	3		
			8-	4 City		85 Zip Code
				- "		*L `
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 regi		(NOTE: Registered A	gent signature require		
12. TITLE	TD OFFICE	FRS AND DIRECTORS	LETE 1.1 TITLE	·····	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	STEINKE, DORIS		1.3 NAME			C Ordinge C Modition
-	STREET ADDRESS KEHRBEEKE 5A		1.3 STREET ADDRESS			
CITY-ST-ZIP	D3300 BRAUNSCHWE	IG 0	1.4 CITY-ST-ZIP			
TITLE	D	☐ DEI			111111111111111111111111111111111111111	Change Addition
NAME	MOELLER, DETTMAR	_	2.2 NAME	1		
STREET ADDRESS	BERGHEIDE 19			T ADDRESS		
	D 2104 HAMBURG 92		2. 4 CITY			
TITLE	PSD	☐ DEI				Change Addition
NAME	MOELLER, JURGEN		3 2 NAME			
STREET ADDRESS	ELBSTRASSE 24		3 3 STREET ADDRESS			
CITY-ST-ZIP	D2000 WEDEL,HOLSTEI0		3.4. CITY			:
TITLE	DELETE					Change Addition
NAME			4. 2 NAM			
STREET ADDRESS	ADDRESS		4.3 STREE	T ADDRESS		
CITY-ST-ZIP		4.4 CITY		ST-ZIP		
TITLE		☐ DEL	LETE 5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS	5.3 \$		5.3 STREE	T ADDRESS		
CITY-ST-ZIP		7 W E 1 III W 14 W 7 II	5.4 CITY			
TITLE		☐ DEL	ETE 6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6 4 CHTY-			
14. I hereby o	certify that the information sup	antied with this filing does not d	malify for the exemi	ntion stated in S	Section 119.07(3)(i). Florida Statutes, I further	certify that the information 1.

indicated on this annual report or supplied with this mining does not quanry for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.