## 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 May 10, 1999 8:00 am Secretary of State

05-10-1999 90056 004 \*\*\*150.00

## DOCUMENT # F9200000586

**DEAN STAR CORPORATION** 

| Principal Place   | of Business                    | Mailing Address                  |                       |   | I IBBURE (III (BUIL HEIL BOIL) DOI       | )  <b>00</b>      <b>60</b> |                  |            |
|---|--------------------------------|----------------------------------|-----------------------|---|--|-----------------------------|------------------|------------|
| 10407 CENTURION PKY. N. 10407 CENTURION PKY. N.   |                                |                                  |                       |   |  |                             |                  |            |
| SUITE 108   |                                | SUITE 108                        |                       |   | ee 184 TUUD 1                            | 204.05                      |                  |            |
| JACKSONVILLE FL 32256   |                                | JACKSONVILLE FL 32256            |                       | DO NOT WRITE IN THIS SPACE                  |  |                             |                  |            |
| US  | US                             |                                  |                       | 3. Date Incorporated or Qualifed 12/09/1992 |  |                             |                  |            |
| 2. Principal Pl   | ace of Business                | 2a. Mailing Address              |                       |   | 4. FEI Number                            |                             | App              | lied For   |
| 21  |                                | 26                               |                       | 65-0364228                                  |  | Not                         | Applicable       |            |
| Suite, Apt. #, etc.   |                                | Suite, Apt. #, etc.              |                       |   | 5. Certifcate of Status Desired          |                             | \$8.75 A         | <b>I</b>   |
| 22  |                                | 27                               | 7                     |   | 5. Certificate of Status Desired         |                             | Fee Rec          | quired     |
| City & State  |                                | City & State                     | City & State          |   | 6. Election Campaign Financing           |                             | \$5.00           | vlay Be    |
| 23  |                                | 28                               | 28                    |   | Trust Fund Contribution                  | . <u></u>                   | Added to         | Fees       |
| Zip   | Zip Country Zip                |                                  | Country               |   | 8. This corporation owes the curr        |                             |                  |            |
| 24  | 25                             | 29 30                            | o}                    |   | Personal Property Tax.                   |                             |                  | ONK        |
|   | 9. Name and Address of Current | Registered Agent                 |                       |   | 10. Name and Address of New F            | egistered A                 | gent             |            |
|   |                                |                                  | 81                    | Name  |  |                             |                  |            |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC.  |                                |                                  | 82                    | Street A                                    | ddress (P.O. Box Number is Not Accepta   | ble)                        |                  |            |
| 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301  |                                |                                  |                       |   |  |                             | ·                |            |
| IALL  | ANASSEE PL 32301               |                                  | 83                    | 1   |  |                             |                  |            |
|   |                                |                                  | 84                    | City  |  | FL                          | 85 Zip C         | ode        |
|   | 007.070                        | 2 - 4 COT 4 COD El-sid- Photodon | the obes              |   | emoration submits this statement for the |                             | thanging 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 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: Reg   |                                |                                  |                       | nt signature rec                            | puired when reinstating)                 | DATE                        | DIDECTO          | 20 IN 12   |
| 12.   | OFFICERS AND                   |                                  | 13.                   |   | ADDITIONS/CHANGES TO OF                  | -ICERS AND                  | Change           | Addition   |
| TITLE   | PD                             | ☐ DELETE                         | 1.1 TITLE<br>1.2 NAME |   |  |                             | L_I oralige      |            |
| NAME  |                                |                                  |                       | İ   |  |                             |                  |            |
| STREET ADDRESS 10407 CENTURION PKY. N. STE. 108   |                                |                                  |                       | T ADDRESS                                   |  |                             |                  |            |
| CITY-ST-ZIP   | JACKSONVILLE FL 32256          |                                  | 1.4 CITY-             | ST-ZIP                                      | **************************************   |                             | Change           | Addition   |
| TITLE   | VDAS                           | ☐ DELETE                         | 2.1 TITLE             | 1   | VDASAT                                   |                             | <u>Ça</u> change |            |
| NAME  | KEITH, DOUGLAS B 111           |                                  | 2.2 NAME              |   |  |                             |                  |            |
| STREET ADDRESS  | 10407 CENTURION PARKWAY        | N,STE 108                        | 2.3 STREI             | ET ADDRESS                                  |  |                             |                  |            |
| CITY-ST-ZIP   | JACKSONVILLE FL                |                                  | 2. 4 CITY-            | ST-ZIP                                      |  |                             |                  | Addition   |
| TITLE   | V                              | ☐ DELETE                         | 3.1 TITLE             |   |  |                             | Change           | Addition   |
| NAME  | Cubbage, Gilbert               |                                  | 3.2 NAME              |   |  |                             |                  |            |
| STREET ADDRESS 10407 CENTURION PKWY, N. STE. 108  |                                |                                  | 3.3 STRE              | ET ADDRESS                                  |  |                             |                  |            |
| CITY-ST-ZIP   | JACKSONVILLE FL 32256          |                                  | 3.4. CITY-            | ST-ZIP                                      |  |                             |                  | A a ant    |
| TITLE   | SD                             | ☐ DELETE                         | 4.1 TITLE             |   |  |                             | Change           | ☐ Addition |
| NAME  | WAILAND, ADELE R               |                                  | 4, 2 NAME             |   |  |                             |                  |            |
| STREET ADDRESS  | 10407 CENTURION PKWY. N. S     | STE. 108                         | 4.3 STRE              | ET ADDRESS                                  |  |                             |                  |            |
| CITY-ST-ZIP   | JACKSONVILLE FL 32256          |                                  | 4.4 CITY-             | ST-ZIP                                      |  |                             | <del>_</del>     |            |
| TITLE   |                                |                                  | 51 TITLE              |   |  |                             | Change           | ☐ Addition |
| NAME  | LISTA, FELIX M                 |                                  | 5.2 NAME              |   |  |                             |                  |            |
| STREET ADDRESS  | 10407 CENTURION PKWY. N. S     | STE. 108                         | 5.3 STRE              | ET ADDRESS                                  |  |                             |                  |            |
| CITY-ST-ZIP   | JACKSONVILLE FL 32256          | _                                | 5.4 CITY-             | ST-ZIP                                      |  |                             |                  |            |
| TITLE   |                                |                                  | 6.1 TITLE             |   |  |                             | Change           | Addition   |
| NAME.   |                                |                                  | 6.2 NAME              |   |  |                             |                  |            |
| STREET ADDRESS  | 10407 CENTURION PKWY N S       | TE 108                           | 6.3 STRE              | ET ADDRESS                                  |  |                             |                  | ļ          |
| CITY-ST-ZIP   | JACKSONVILLE FL                | · — · <del>* *</del>             | 6.4 CITY-             | ST-ZIP                                      |  |                             | _                |            |

JACKSONVILLE FL CITY-ST-ZIP 14. I hereby certify that the information sometimes of 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 path; 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 the receiver or trustee empowered.

SIGNATURE:

CR2E034 (11/98)