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CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F95000002118 (6)

BLUE STAR ENTERPRISES, INC. Principal Place of Business Mailing Address 4400 N FEDERAL HWY 4400 N FEDERAL HWY 210 DO NOT WRITE IN THIS SPACE BOCA RATON FL 33431 **BOCA RATON FL 33431** US 3. Date Incorporated or Qualified 05/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 76-0336223 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country Zîp Country This corporation owes or has paid the current year Intangible Yes Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIMS, ROGER C 4400 N FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) **STE 210** 83 **BOCA RATON FL 33431** 84 City Zip Code 85 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ___ DELETE TITLE PSD Change Addition 1.1 TITLE NAME SIMS, ROGER C 1.2 NAME STREET ADDRESS 4400 N FEDERAL HWY #210 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE ___ Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE __ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 chapged, or on an attachment with an address.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS

L' CURSTANSIRED

□ DELETE

1-5-98

561-368-2927

Change

■ Addition

FILED

Jan 15 1998 8:00am

Secretary of State