## 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

## DOCUMENT # F9700001807

1. Corporation Name

STARR PROTECTIVE SERVICES, INC.

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90081 005 \*\*\*150.00



Principal Place of Business  S0 BROAD ST.  NEW YORK NY 10004  BO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed O4/08/1997  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Mailing Address  2c. Mailing Address  2d. Mailing Address  4. FEI Number  3-29889 10  Not Applicable  Suite, Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. City & State  2d. City & State  2d. City & State  2d. City & State  2d. Country  2d. Country  2d. Country  2d. Country  3. This corporation owes the current year Intangible  Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the aboven-amed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  CP  CURRAN, DONALD F  STREET ADDRESS  7515 WEEPING WILLOW DR.				_				
NEW YORK NY 10004    Applied Formation   Substances   Applied Formation   Applied Form	Principal Place	of Business	Mailing Address			1 1881488 (110 1611) 16811 28831 4010 2811) URS	: =4191 H481 191() <b>4</b>	14147   ES. 1521
2. Principal Place of Business	SO BROAD ST. 50 BROAD ST.					DO NOT WRITE IN THIS SPACE		
Sulfa, Apt. #, etc.  Sulfa, Ap						04/08/1997		
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address		•			
Second content   Fee Required   Fe				_		13-2989810		
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   S. This corporation owes the current year Intengible   Personal Property Tax.   Yes   No   Name and Address of Current Registered Agent   S. This corporation owes the current year Intengible   Personal Property Tax.   Yes   No   Name and Address of New Registered Agent   S. This corporation owes the current year Intengible   Personal Property Tax.   Yes   No   Name and Address of New Registered Agent   S. This corporation of New Registered Agent   S. This corporatio	22		27				Fee Re	quired
24 28 28 30 Personal Property Tax.    Yes   No    9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent     C T CORPORATION SYSTEM    1200 SOUTH PINE ISLAND ROAD   PLANTATION FL 33324   82 Street Address (P.O. Box Number is Not Acceptable)     111. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent or registered agent or took in in the State of Florids. 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, Florids Statutes.     111. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     112. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     113. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     114. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     115. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     116. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     117. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     118. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     119. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     110. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     111. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     111. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     112. Purpusant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes     113. Purpusant to the provisions of Sections 607.0506    119. Purpusant to the provisions of Sections 607.0506    119. Purpusant to the provisions o	City_& State	9. <u></u>	28	·	ر بنبو- سمبن- م	Trust Fund Contribution	Added to	•
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  81  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  85  Street Address (P.O. Box Number is Not Acceptable)  84  City  FL  85  Street Address (P.O. Box Number is Not Acceptable)  85  Street Address (P.O. Box Number is Not Acceptable)  86  87  88  88  88  89  80  80  80  81  81  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  85  85  86  86  87  87  87  88  88  88  88  88				, ´				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 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 agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.  SIGNATURE Signake, Ngodar primers am registered agent and two flappositions.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CURRAN, DONALD F  STREET ADDRESS  75 IS WEEPFING WILLOW DR.  1.5 STREET ADDRESS  75 IS WEEPFING WILLOW DR.  SARASOTA FL 34241  DELETE  1.5 TIME  DV  OUTPONS/CHANGES  SOTTILE, SALVATORE E  STREET ADDRESS  679 SINCLAIR AVE.  STATEN ISLAND NY 10312  DELETE  1.5 TIME  DST	24			L		1 Clabilar 1 Toporty 1 and		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324    B2   Street Address (P.O. Box Number is Not Acceptable)   B3   B4   City   FL   B5   Zip Code   B4   City   B4   Zip Code   B4   City Code   B4		9. Name and Address of Current	Registered Agent	94	Name	10. Name and Address of New Registere	ı Agent	
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 office or registered agent, and accept the obligations of, Section 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, Section 607.0508, Florida Statutes, and the registered agent and the	C T (	CODDODATION SYSTEM		.   "	Name			
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 orthogo 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, 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, or both, in the State of Florida. Statutes.  SIGNATURE  CP  DELETE  11. TITLE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LANGE  SIRRETADORESS  CITY-ST-2P  SARASOTA FL 34241  TITLE  DV  ORLETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  COTY-ST-2P  TITLE  DST	1200	SOUTH PINE ISLAND ROAD	•	L	Street Addre	Iress (P.O. Box Number is Not Acceptable)		
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 Riorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIQUILIANS OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   THE CP   DELETE   1.1THLE   Dhange   Additional Current of Registered Agent separative requires when reinstating)   DAYE   THE CP   DELETE   1.1THLE   Dhange   Additional Current of Registered Agent separative requires when reinstating)   DAYE   THE DV   DELETE   1.1THLE   Dhange   Additional Current of Registered Agent separative requires when reinstating)   DAYE   THE DV   DELETE   1.1THLE   Dhange   Additional Current of Registered Agent separative requires when reinstating)   DAYE   THE DV   DELETE   1.1THLE   Dhange   Additional Current of Registered Agent separative requires when reinstating)   DAYE   THE DV   DELETE   1.1THLE   Drange   Additional Current of Registered Agent Separative requires a separative requires and remainded agent are designed as a separative requires and remainded agent are designed as a separative requires and remainded agent are designed as a separative requires and remainded agent are designed as a separative requires and remainded agent are designed as a separative requires and remainded agent are designed as a separative requires and remainded agent are designed agent and designed and remainded agent are designed agent and designed agent are d	PLAN	VIATION FL 33324					leel z:- c	
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Signature, hyperd or primote remain of registrated support and their flapphocables. (INCIP: Registrated Supports supporting required required informations).   Incip:   Inci	l office or r	egistered agent, or both, in the State (	nt Florida. Such change was autho	onzeg by	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as rec	registered gistered
T2. OFFICERS AND DIRECTORS   T3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   T4. ADDITIONS/CHANGES TO OFFICERS AND TA. ADDITIONS/CHANGES TO OFFICERS TO OFFI	SIGNATURE		(NOTE: De	nietored Augs	nt cianatura maujima	duber reinstating) DATE		
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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 this tender of the corporation or the receiver or this tender of the corporation of the receiver or this tender of the corporation of the co

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR