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May 01, 1999 8:00 am Secretary of State

## 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 # F9700001902

STARR REALTY MANAGEMENT MGP CORP.

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Principal Place of Business Mailing Address						3 1001100 11:8 10:11 16011 00111 0011	iş <b>dü</b> rli <b>dü</b> riş i	Yğığı (lese ie	III 40110   UI 1001
303 E 17TH AVE #707 DENVER CO 80203		70 PINE ST ATTN E M TUCK NEW YORK NY 10270 US			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed				
						04/11/1997		<del></del>	
	ace of Business	2a. Mailing Address						Applied For	
21	н	Suite, Apt. #, etc.			84-1361981			Not Applicable	
Suite, Apt.	#, etc.	27			5. Certificate 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	Country	,		8. This corporation owes the current year Intangible			
24	25	29 30				Personal Property Tax.		Yes	□No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81 Name					
C T CORPORATION SYSTEM			82	Stre	et Addres	ss (P.O. Box Number is Not Accepta	ble)		
1200 SOUTH PINE ISLAND ROAD				""					
PLAN	ITATION FL 33324		83						ł
			84	City			FL	85 Zi	p Code
44 5		O DOT 4500 Floride Statutes th	- ab -::		od come	ration submits this statement for the		changing	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 agen			nt signatu	re required v	when reinstating)	DATE	ID DIOCO	TODS (N. 49
12.		5 5 11 20 10 110	13.			ADDITIONS/CHANGES TO OFF	ICERS A	☐ Chang	
ATTLE . \$	DCP		1.1 TITLE					☐ Criang	,e 🔲 Addition i
'NAME	MATTHETO, EDWARD C		.2 NAME		1				ľ
STREET ADDRESS	7011112 01		.3 STREE	TADDRE	ss				
CTY-ST-ZIP	NEW YORK NY 10270		4 CITY-S	T-ZIP				Chana	re Addition
TITLE .	DVCS		LI TITLE		1			☐ Chang	e LI Addition
NAME	SMITH, HOWARD 1	` 1	2.2 NAME				•		]
STREET ADDRESS	70 1 11 12 01		3 STREE		ss				
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE					[ ] Chang	ge Addition
TTLE		' I						Criang	,eAddidon
NAME	<b>■</b>		3.2 NAME						1
STREET ADDRESS	<b>\</b>		3.3 STREET ADDRESS		SS				ĺ
CITY-ST-ZIP			1.4. CITY-5	ST-ZIP				☐ Chang	e Addition
TITLE			I.1 TITLE						, , , , , , , , , , , , , , , , , , , ,
NAME			. 2 NAME	<del></del>					
STREET ADDRESS		<b></b>	.3 STREE		ss				{
CITY-ST-ZIP			<u>.4 City-s</u> i.1 Title	1-ZIP	<del>  -</del> -			Chang	ge Addition
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NAME			3.3 STREE	T ADDRE	22				
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CITY-ST-ZIP			3.4 CJ) 7-5 3.1 TITLE	····				☐ Chang	e Addition
TITLE			3.2 NAME						
NAME			3.3 STREE	T ADDBC	90				
STREET ADORESS	!		.J O ( KEE	1 ADUKE	~				

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, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

