SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000001472

STAR BUFFET, INC.

FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90005 030 ***558.75

Principal Place	AKE CITY UT 84115 cipal Place of Business p. Apt. #, etc. & State Country 25	Mailing Address			1 iffithe the that the mant some settle			
440 LAWNDALE SALT LAKE CIT				DO NOT WRITE IN		THIS SPACE		
					3. Date Incorporated or Qualified 03/10/1998			
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address		4. FEI Number	Applied For		
<u>.</u>		26			84-1430786	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.		5. Certificate of Status Desired X \$8.75 Additional Fee Required			
City & State		. City & State	City & State		6. Election Campaign Financing Trust Fund Contribution			
Zip	- · ·	Zip 29	Country 30		This corporation owes the current year Intangible Personal Property.	Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
COR			81	Name	,			
1201	HAYS STREET		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525			83					
			84	City	F	Zip Code		
			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			-b l ita ita ita		

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 applic	able (NOTE:	Registered Agent signatur	re required when reinstating) DATE		
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	CD	X DELETE	1.1 TITLE P.D.C		X Change	Addition
NAME	FOLEY II, WILLIAM P	ÉT DECE LE	1.2 NAME	Robert Wheaton		
STREET ADDRESS	1200 NORTH HARBOR BLVD		1.3 STREET ADDRESS	1312 N. Scottsdale Road		Į.
1	ANAHEIM-CA		1.4 CITY-ST-ZIP	Scottsdale, AZ 85357	,	ĺ
CITY-ST-ZIP					77 a	
TITLE	PD	DELETE	2.1 TITLE T.S.	was a supplied to the supplied	X Change	Addition
NAME `	WHEATON, ROBERT E		2.2 NAME	Ron Dowdy		
STREET ADDRESS	440 LAWNDALE DRIVE		2.3 STREET ADDRESS	440 Lawndale Drive		
CITY-ST-ZIP	SALT-LAKE CITY-UT	£	2.4 CITY-ST-ZIP	Salt Lake City, Utah 8411	5	
TITLE		DELETE	3.1 TITLE D.	•	Change	≥ Addition
NAME	ABAJIAN, TED		3.2 NAME	Thomas G. Schadt		i
STREET ADDRESS	440 LAWNDALE DRIVE		3.3 STREET ADDRESS	1411 E. ORangewood Avenue		
CITY-ST-ZIP	SALT-LAKE CITY U T	_	3 4 CITY-ST-ZIP	Phoenix, AZ 85020	·	
TITLE	3	DELETE	4.1 TITLE D.		Change	★ Addition
NAME	-MILLER, CHARLOTTE-L		4.2 NAME	Phillip Johnson		}
STREET ADDRESS	440 LAWNDALE DRIVE		4.3 STREET ADDRESS	2902 Forest Club Drive		
CITY-ST-ZIP	SALT LAKE CITY UT		4.4 CITY-ST-ZIP	Plant City, FL 33567		
TITLE	-D	DELETE	5.1 TITLE D.		Change	Addition
NAME	THOMPSON, C.T.		5.2 NAME	Jack M. LLoyd		
STREET ADDRESS	-440-LAWNDALE DRIVE		5.3 STREET ADDRESS	7373 N. Scottsdale Road		
CITY-ST-ZIP	SALT LAKE CITY LIT	-·.	5.4 CITY-ST-ZIP	Scottsdale, AZ 85257		
TITLE		DELETE	6.1 TITLE D.	•	Change	Addition
NAME			6.2 NAME	Craig Wheaton	•	
STREET ADDRESS			6.3 STREET ADDRESS	4101 Lake Boone Trail		ľ
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Raleigh, N.C. 27607-6519		

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 of 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 photoation 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 or larger, of on an attachment with an address.

SIGNATURE

NIGN FROM DOWN YRECLUSIE

7/15/99

801-463-5516

CR2E034 (5/99)