

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G55768**

(7)

1. Corporation Name
FOUR STAR REAL ESTATE, INC.



Principal Place of Business
**1760 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024**

Mailing Address
**1760 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024-3602**

3. Date Incorporated or Qualified
08/05/1983

3a. Date of Last Report
04/16/1996

2. Principal Place of Business
21 1501 S.W. 134 WAY D411

2a. Mailing Address
26 1501 S.W. 134 WAY D411

4. FEI Number
59-2417438

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **PEMBROKE PINES, FL**
City & State
Zip Country

28 **PEMBROKE PINES, FL.**
City & State
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33027** 25 **BROWARD** 29 **33027** 30 **BROWARD**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAF, FAYE
1760 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

81 Name

GRAF, FAYE

82 Street Address (P.O. Box Number is Not Acceptable)

1501 S.W. 134 WAY D411

83

84 City

PEMBROKE PINES

FL

85 Zip Code
33027

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	GRAF, FAYE	
STREET ADDRESS	2011 N 54TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MARTIN, DANA G	
STREET ADDRESS	2717 EDGEWATER CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1501 S.W. 134 WAY D411
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33027
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Faye Graf* **FAYE GRAF** 1/16/97 954-450-5308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0132624

CR2E034 (9/96)