Applied For Not Applicable

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

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90103 020 ***150.00

DOCUMENT # HEO144

1. Corporation Name STARLETT'S ARTS, INC.						
Principal Place of Business	Mailing Address					
305 BALFOUR DR., WINTER PARK OAKS BOX 109A WINTER PARK FL 32792-0442	305 BALFOUR DR., WINTER PARK OAKS BOX 109A WINTER PARK FL 32792-0442		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/04/1985			
,						
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		59-2891557	Not Applica		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·•	5. Certifcate 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		Country	This corporation owes the current year In Personal Property Tax.	ntangible □ Yes □ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
FERNANDEZ, WILLIAM W. 1309 E. ROBINSON STREET		81 Name 82 Street A	Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801-2191		83				
		84 City	FI	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 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, Fiorida 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.		O OFFICERS AND DIRECTO	RS IN 12					
TITLE	PCD DELETE	1.1 TITLE		☐ Change	Addition					
NAME	KAFFLER, STARLET R.	1.2 NAME		•						
STREET ADDRESS	305 BALFOUR DR/ BX 109A	1.3 STREET ADDRESS								
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP								
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition					
NAME		2.2 NAMÉ		٠.						
STREET ADDRESS		2.3 STREET ADDRESS			1					
CITY-ST-ZIP		2.4 CITY-ST-ZIP								
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition					
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					
NAME		4, 2 NAME			j					
STREET ADORESS		4.3 STREET ADDRESS			-					
CITY+ST-ZIP		4.4 CITY-ST-ZIP								
TITLE	☐ OELETE	5.1 TITLE		☐ Change	☐ Addition					
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		5.4 CITY-ST-ZIP								
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition					
NAME		6.2 NAME								
STREET ADDRESS		6.3 STREET ADDRESS								
CITY-ST-ZIP		6.4 CITY-ST-ZIP		·						

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:

april 2, 1999 677-539