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
99 NOV 19 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H65500**

1. Corporation Name
STAR PARTNERS, INC.

Principal Place of Business	Mailing Address
180 PARK AVE NORTH WINTER PARK FL 32789	180 PARK AVE NORTH WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/09/1985

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
ZIP 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
ZIP 29 County 30

4. FEI Number
59-2685931
☐ Applied For
☐ Not Applicable

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

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

8. This corporation owes the current year intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWALB, ALLEN J.
180 PARK AVE NORTH
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ NOTE: Registered Agent's signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '99		
TITLE	PSD ☐ DELETE	TITLE	☐ Change	☐ Addition
NAME	SCHWALB, ALLEN J.	NAME		
STREET ADDRESS	180 PARK AVE NORTH	STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP		
	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
		2.2 NAME		
		2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
		3.2 NAME		
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
		4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
		5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
		6.2 NAME		
		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

12/03/99 01005-018
****150.00 ****150.00

LS

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: Allen J. Schwalb 4/23/99 407-644-5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #