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 Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90055 014 ***150.00

DOCUMENT # J12249 1. Corporation Name NORTHSTAR BUILDING CORP.				
Principal Place	of Business	Mailing Address		
413 ROYAL PAI		413 ROYAL PALM WAY		
TAMPA FL 33609 TAMPA FL 33609				
US		US		DO NOT WRITE IN THIS SPACE
				3: Date Incorporated or Qualifed
Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21 26			59-2669173 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 27				Fee Required
City & State	•	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country	Zip	Country	
Zip	25	<u> </u>	30 Country	8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Current		90	10. Name and Address of New Registered Agent
	3. Name and Address of Guiters	registered rigent	81 Name	To the state of th
GARCIA, MARTIN L.				
1613 CULBREATH ISLES DRIVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)
SUITE 1700			83	
TAMPA FL 33629				
			84 City	FL 85 Zip Code
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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAAG, GARY F.		1.2 NAME	
STREET ADDRESS	413 ROYAL PALM WAY		1.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAAG, MYRNA L		2.2 NAME	
STREET ADDRESS	413 ROYAL PALM WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	, -
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	* .
TITLE		☐ DELETE	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:

813-286-771,