

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90084 022 ***150.00

DOCUMENT # J85108

1. Corporation Name

STARDUST SERVICES, INC.

Principal Place of Business

6030 CEDAR PINE DRIVE
ORLANDO FL 32819-7124
US

Mailing Address

6030 CEDAR PINE DRIVE
ORLANDO FL 32819-7124
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1987

4. FEI Number

59-2836308

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

2. Principal Place of Business

21 2750 TALL MAPLE LOOP
Suite, Apt. #, etc.

2a. Mailing Address

26 2750 TALL MAPLE LOOP
Suite, Apt. #, etc.

City & State

23 OCOCHEE, FLORIDA

City & State

28 OCOCHEE, FLORIDA

Zip

24 34761

Country

25 ORANGE

Zip

29 34761

Country

30 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NANCY SMITH ADER
6030 CEDAR PINE DRIVE
ORLANDO FL 32819

81 Name

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

2750 TALL MAPLE LOOP

83

84 City OCOCHEE

FL

85 Zip Code

34761

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

Nancy Smith Ader
Signature, typed or printed name of registered agent, and title if applicable.

NANCY SMITH ADER / PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

4-22-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME ADER, NANCY S.

STREET ADDRESS 6030 CEDAR PINE DR.

CITY-ST-ZIP ORLANDO FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

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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:

Nancy Smith Ader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

407-654-5037

Date

Daytime Phone #

CR2E034 (11/98)