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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
STARSTRIDER, INC.

Principal Place of Business
** ROBERT R. HENDRY
200 E. ROBINSON ST.. SUITE 500
ORLANDO FL 32801

2. Principal Place of Business
21
Suite, Apt. #. etc.
22
City & State
23
Zip
Q. Name and Ac
FLORIDA CORPORAT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(9)

% ROBERT R. HENDRY 200 E. ROBINSON ST., SUITE 500

Mailing Address

^{IT #} K27979

FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

		ORLANDO FL 32801		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified			
					07/08/1988			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		A	Applied For
11		26			59-2905127			ot Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.			3.14	П	\$8.75	Additional
22		27			5. Certificate of Status Desired	ш	Fee F	Sequired
City & State	•	City & State			6. Election Campaign Financing		\$5.00) May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has pa	id the curr		
24	25	29	30		Personal Property Tax due June			∏ No
1	9. Name and Address of Currer		,,,,,		10. Name and Address of New Re			
ELO	RIDA CORPORATE SUPPORT I		81	Name				
		NC.	L					
200 EAST ROBINSON STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
	TE 500		<u> </u>					
ORL	ANDO FL 32801		83					
			84	City			85 Zip	Code
				``.,		FL	100	Codo
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above	e-named corp	poration submits this statement for the p	urpose of	changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was a	authorized by	the corpora	tion's board of directors. I hereby accep	t the appo	ointment a	s registered
-	m rammar with, and accept the cong	arons or, section 607,0305, Fic	Jiloa Statute	5 .				
SIGNATURE	Signature, typed or printed name of registered ag-	MOTE side apparatus of the country o	Registered Are	ant signature requi	red when reinstating)	DATE		
12.		ID DIRECTORS	13.	and	ADDITIONS/CHANGES TO OFFIC		DIRECTO	DC IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE		ADDITIONO/OFFANOED TO OFFIC	LIIO AIID	Change	
NAME	BLOUSTEIN, PETER E.		- 6				onengo	
	DIUUSIPAL PRIPA E.							
· .			1.2 NAME					
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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.

CICNATUDE.

Parce Blant

4/2/08

407/876-5000