

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

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90069 050 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L28551

1. Corporation Name

STARLINE DEVELOPMENT CORPORATION

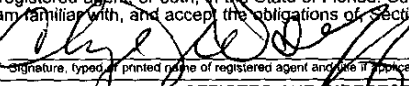


Principal Place of Business C/O DAVID C. WOLFF 18260 C PAULSON DRIVE PORT CHARLOTTE FL 33954-1017	Mailing Address C/O DAVID C. WOLFF 18260 C PAULSON DRIVE PORT CHARLOTTE FL 33954-1017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/09/1989	
				4. FEI Number 65-0165160	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WOLFF, DAVID C. 18260 C PAULSON DRIVE PORT CHARLOTTE FL 33953				10. Name and Address of New Registered Agent 81 Name CHERYL J. WOLFF 82 Street Address (P.O. Box Number is Not Acceptable) 18260-C PAULSON DR. 83 84 City PT. CHARLOTTE FL 85 Zip Code 33954	

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  DATE 1/12/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	WOLFF, DAVID C. 18260 C PAULSON DRIVE PORT CHARLOTTE FL 33954	1.1 TITLE PRESIDENT/DIRECTOR	XX Change <input type="checkbox"/> Addition
NAME		1.2 NAME CHERYL J. WOLFF	
STREET ADDRESS		1.3 STREET ADDRESS 18260-C PAULSON DR.	
CITY-ST-ZIP		1.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33954	
TITLE V	WOLFF, CHERYL J 2123 MARACAIBO PT CHARLOTTE FL 33952	2.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME KRISTINE A COMPANION	
STREET ADDRESS		2.3 STREET ADDRESS 18079 DUBLIN AVE.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33948	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE 2ND VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME MICHAEL LUBIN	
STREET ADDRESS		3.3 STREET ADDRESS 420 LINCOLN RD. STE #240	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 

1/12/99