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

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mar 03 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (0)L52699 STAR SALES SOUTH, INC. Principal Place of Business Mailing Address 2025 NW 15 AVE 2025 NW 15 AVE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1990 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 06-1298494 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. X Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SARDINIA, ANTHONY T 2771 NE 22 CT 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 84 City 85 Zip Code 508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607.0505, Florida Statutes. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligat registered agent and title if applicable (NO1E: Registered Agent signature required when reinstating) 12. FFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE RYAN, ROBERT F NAME 1.2 NAME 24 CHESTER ST. STREET ADDRESS 1.3 STREET ADDRESS ARLINGTON MA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE STAR, MARGIT E NAME 2.2 NAME 435 E. DEDHAM ST. STREET ADDRESS 2.3 STREET ADDRESS **NEWTON MA** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITL F 3.1 TITLE GREENBLATT, MARTIN E NAME 3.2 NAME ONE FEDERAL ST. STREET ADDRESS 3.3 STREET ADDRESS **BOSTON MA** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TOLE NAME SARDINIA, ANTHONY 4. 2 NAME 3209 BEACON ST STREET ADDRESS 4.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE SITTE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 700002445517 -03/03/98--01054--006 \*\*\*150 00 DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 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

**FILED** 

2/21/98

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