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**Jun 29, 1999 8:00 am**  
**Secretary of State**

06-29-1999 90009 019 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L52699**

1. Corporation Name  
**STAR SALES SOUTH, INC.**



Principal Place of Business: 025 NW 15 AVE, OMPANO BEACH FL 33069 US  
 Mailing Address: 2025 NW 15 AVE, POMPANO BEACH FL 33069 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		02/26/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		06-1298494	
City & State		City & State		Applied For	
3		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
Country		Country		8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
30		30		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**SARDINIA, ANTHONY T**  
 2771 NE 22 CT  
 POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, ROBERT F	1.2 NAME	
STREET ADDRESS	24 CHESTER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON MA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAR, MARGIT E	2.2 NAME	
STREET ADDRESS	436 E. BEDHAM ST. 1 West Ledge Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA marblehead, MA 01945	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBLATT, MARTIN E	3.2 NAME	
STREET ADDRESS	ONE FEDERAL ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARDINIA, ANTHONY	4.2 NAME	
STREET ADDRESS	3200 BEACON ST 2771 NE 22 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	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: *[Signature]* 6-22-99 800-222-8118  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (1/1/98)