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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L72268

(0)

SOUTH STAR TRANSFER, INC.

FILED Apr 20 1998 8:00am Secretary of State

	UF BEBUL BEBUL BUĞI	/ 6/6 // 6/6 // 6/6	

Principal Pi	lace of Business	Mailing Address				-	1
	LD D. HOLDER. SR.	C/O HAROLD D. HOLDER	R. SR.			·	
401 E. JACKSON STREET. SUITE 2400 401		401 E. JACKSON STREET	401 E. JACKSON STREET, SUITE 2400 TAMPA FL 33602			DO NOT WRITE IN THIS SPACE	
		TAMPA FL 33802				3. Date Incorporated or Qualified	
-						05/08/1990	
		2a. Mailing Address	2a. Mailing Address				ied For
21	-1 11 -24	26					Applicable
Suite, A	pt. #, et c.	Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Add	
City & S	itale	City & State				Fee Requ	
23		28			6. Election Campaign Financing \$5.00 M. Trust Fund Contribution Added to I		
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Inter-	
24	25	29	30			Personal Property Tax due June 30. Yes 🔲	~
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent	
	i olde r, harold d sr		ľ	81	Name		
	C/O HAROLD D. HOLDER, SR.		1	82 Street Add		ess (P.O. Box Number is Not Acceptable)	
	401 E. JACKSON STREET, SUITE 2400		-	B3			
, ,	'AMPA FL 33602			03			
			[1	B4	City	FL 85 Zip Co	de
11. Pursua	nt to the provisions of Sections 607.050.	2 and 607.1508, Florida Statut	es, the abo	ove-	named corpc	oration submits this statement for the oursess of phancing its	egistered
l ouice d	or re gistered age nt, or both, in the State I am f am iliar with, and accept the obliga	of Horida. Such change was a	authorized	by t	the corporatio	on's board of directors. I hereby accept the appointment as req	gistered
SIGNATUR			o.aa o.aa				
	Signature, typed or printed name of registered age			Agort	t signature required	ed when reinstaling) DATE	
12.	OF LICERS AND	DELETE DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	
NAME	DPT HOLDER, SR, HAROLD D	C) prefite	1.1 THTL			LJ Change L	Addition
STREET ADDRES		IITE 2400	1.2 NAM		DDRESS .	•	
CITY-ST-ZIP	TAMPA FL 33602	JIIE 2400	1.4 CITY				j
TITLE	D	DELETE	2.1 TITL		211	Change	Addition
NAME	HOLDER, JR, HAROLD D		2.2 NAM				
STREET ADDRES	I	JITE 2400	2.3 STRI	EFT AL	DDRESS		
CITY-ST-ZIP	TAMPA FL 33602		2. 4 CIT	Y-S1-	- ZIP		
TITLE		DELETE	3.1 1ITL	E		☐ Change	Addition
NAME			3.2 NAM	1E			
STREET ADDRESS	s		3.3 STR	EE I AI	DDRESS		ŀ
CITY-ST-ZIP			3.4 CIT		- ZIP		
TITLE		☐ DELETE	4.1 TITL			Change	Addition
NAME STREET ADDRESS	.		4. 2 NAN				ŀ
STREET ADDRESS	s		4.3 STRE				
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITLE		ZIP	ا مرسطها بالمراسية والتراسية والتراسية والتراسية والتراسية والتراسية والتراسية والتراسية والتراسية والتراسية	Addition
NAME			5.2 NAM			3000024946\$\$ \$\text{\$\text{change} \text{\$\}\$}}}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\te	Mudition
STREET ADDRESS	s		5.3 STRE	-	UDBESS	104/31/36119103311013 444700 00	
CITY-ST-ZIP			5.4 CiTY			***750 . 00	1
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAM			m.	
STREET ADDRESS	s		6.3 STRE		DDRESS	t.,	20
CITY.ST.7IP				СТ	i	Ψ.	w

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 all achiment with an address.

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