## 2004 FOR PROFIT CORPORATION

changed, or on an attach

SIGNATURE

## FILED **ANNUAL REPORT (AR)** May 03, 2004 8:00 am DOCUMENT # M51115 Secretary of State 1. Entity Name 05-03-2004 90449 038 \*\*\*150.00 STAR ISLAND DEVELOPMENT CORP. Mailing Address Principal Place of Business 2800 N POINCIANA BLVD 2800 N POINCIANA BLVD KISSIMMEE FL 34746 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address 5000 AVENUE OF THE STAKES 5000 AVENUE OF THE Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2868800 1-6 754 KISSIMMEP JS/HHEE Not Applicable Country \$8.75 Additional 4SA 5. Certificate of Status Desired 34746 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILLEL HeYERS KAPLUS, ROBERT Street Address (P.O. Box Number is Not Acceptable) •2791 POINCIANA BLVD STARS KISSIMMEE FL 34746 City KISS / H HERO Zip Code 34746 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations egistered agen FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. -OFFICERS AND DIRECTORS 11. ☐ Change PDT Delete Addition TITLE TITLE KAPLUS, ROBERT NAME NAME STREET ADDRESS 8842 ELLIOT'S CT STREET ADDRESS CITY-ST-7IP ORLANDO FL 32836 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE TENNIFER SHEPPARA NAME MEYERS, JENNIFER L NAME STREET ADDRESS STREET ADDRESS **4875 PINETREE DR** CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP Delete Change Addition TITLE SDCB TITLE NAME NAME MEYERS, HILLEL STREET ADDRESS STREET ADDRESS 4875 PINETREE DR CITY-ST-ZIP City-St-ZiP MIAMI BEACH FL 33140 Delete Addition TITLE TITLE SINCLAIR 5000 AVENUE OF THE STANS SUSSER, ARTHUR NAME NAME 7213 GREENVILLE CT STREET ADDRESS STREET ADDRESS KISSIMMER, FL 34746 ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 report or supplemental 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if