

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 27 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N94000003259 (8)

1. Corporation Name

STAR CENTER, INC.

Principal Place of Business

Mailing Address

26360 OLD TRILBY ROAD
BROOKSVILLE FL 34602
US

26360 OLD TRILBY ROAD
BROOKSVILLE FL 34602
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1994

4. FEI Number

59-3314852

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

RAAB, ROBERT
26260 OLD TRILBY ROAD
BROOKSVILLE FL 34602

OLD Trilby Rd.

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME RAAB, DEBORAH
STREET ADDRESS 26360 OLD TRILBY ROAD
CITY-ST-ZIP BROOKSVILLE FL 34602

☐ DELETE

TITLE P
NAME RAAB, ROBERT
STREET ADDRESS 26360 OLD TRILBY ROAD
CITY-ST-ZIP BROOKSVILLE FL 34602

☐ DELETE

TITLE D
NAME LUPINSKI, JOHN
STREET ADDRESS 1520 IVYDALE RD.
CITY-ST-ZIP SPRING HILL FL 34606

☐ DELETE

TITLE D
NAME HULTON, EDMUND JR.
STREET ADDRESS 1211 AMBROSE COURT
CITY-ST-ZIP SPRING HILL FL 34608

☒ DELETE

TITLE D
NAME WIEDMER, TERRY
STREET ADDRESS 3527 DOW LANE
CITY-ST-ZIP SPRING HILL FL 34609

DELETE

TITLE D
NAME DOFKA, RICHARD
STREET ADDRESS 2488 CORONET COURT
CITY-ST-ZIP SPRING HILL FL 34609

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.T.V. ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 600002676876--E

1.4 CITY-ST-ZIP -10/30/98-01066-003

2.1 TITLE *****61.25 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert A. Raab
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-98

Date

(352) 7961918

Daytime Phone #

CR2E037 (5/98)

001072