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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N98000006482

1. Corporation Name
STAR REACH, INC.

Principal Place of Business	Mailing Address
1015 ATLANTIC BLVD STE. 419 ATLANTIC BEACH FL 32233	1015 ATLANTIC BLVD. STE. 419 ATLANTIC BEACH FL 32233

2. Principal Place of Business 21 1015 Atlantic Blvd. Suite, Apt. #, etc 22 PMB 419 City & State 23 Atlantic Beach, FL Zip 24 32233 Country 25 USA	2a. Mailing Address 26 1015 Atlantic Blvd. Suite, Apt. #, etc 27 PMB 419 City & State 28 Atlantic Beach, FL Zip 29 32233 Country 30 USA	3. Date Incorporated or Qualified 11/10/1998 4. FEI Number 59-3580772 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STANDELL, SCOTT 479 SELVA LAKE CIRCLE ATLANTIC BEACH FL 32233	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 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 Scott Standell, President 8/15/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Vice President / Director	☐ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	Karen Marie Hanson	ADD	1.2 NAME		
STREET ADDRESS	1190 Neck Rd		~~1.3 STREET ADDRESS~~	→	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		1.4 CITY-ST-ZIP		
TITLE	Treasurer / Director	☐ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	Michael Koppenhafer		2.2 NAME		
STREET ADDRESS	1190 Neck Rd		2.3 STREET ADDRESS	→	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		2.4 CITY-ST-ZIP		
TITLE	President / Director	☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	Scott Standell		3.2 NAME	→	
STREET ADDRESS	479 Selva Lakes Circle		3.3 STREET ADDRESS		
CITY-ST-ZIP	Atlantic Beach, FL 32233		3.4 CITY-ST-ZIP		
TITLE	Board Member / Director	☐ DELETE	4.1 TITLE		☐ Change ☑ Addition
NAME	Doug Wilder		4.2 NAME		
STREET ADDRESS	6430 San Jose Blvd		4.3 STREET ADDRESS	→	
CITY-ST-ZIP	Jacksonville, FL 32217		4.4 CITY-ST-ZIP		
TITLE	Board Member / Director	☐ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME	Donna Thompson		5.2 NAME		
STREET ADDRESS	4671 Bluff Ave		5.3 STREET ADDRESS	→	
CITY-ST-ZIP	Jacksonville, FL 32225		5.4 CITY-ST-ZIP		
TITLE	Board Member / Director	☐ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME	Rob Russakoff		6.2 NAME	→	
STREET ADDRESS	1940 Camellia Terrace		6.3 STREET ADDRESS		
CITY-ST-ZIP	Neptune Beach, FL 32266		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, with all other like empowered.

SIGNATURE: Karen Marie Hanson VICE PRESIDENT 8/15/99 (904)273-1273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)