

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P92000003582 (3)**

1. Corporation Name

**NORTHSTAR UNLIMITED, INC.**

Principal Place of Business

1731 VINTAGE AVENUE  
KISSIMMEE FL 34746

Mailing Address

1731 VINTAGE AVENUE  
KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/06/1992**  
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business

21 **1731 VINTAGE ST.**

2a. Mailing Address

28 **1731 VINTAGE ST.**

4. FEI Number: **59-3148315**  
Applied For:  Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired:  **\$0.75 Additional Fee Required**

23 City & State

**KISSIMMEE FL.**

28 City & State

**KISSIMMEE FL.**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24 Zip

**34746**

25 Country

**OSCEOLA**

29 Zip

**34746**

30 Country

**OSCEOLA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**TREVIRANUS, GERHARD J  
1731 VINTAGE AVENUE  
KISSIMMEE FL 34746**

10. Name and Address of Now Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable): **1731 VINTAGE ST.**  
B3  
B4 City: **FL** B5 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

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	NAME	STREET ADDRESS	CITY - ST - ZIP
D	TREVIRANUS, GERHARD J	1731 VINTAGE AVENUE KISSIMMEE FL 34746	
D	TREVIRANUS, TANYA J	1731 VINTAGE AVENUE KISSIMMEE FL 34746	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		<b>1731 VINTAGE ST.</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>1731 VINTAGE ST.</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(4), 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.

SIGNATURE: Gerhard J. Treviranus  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 20 (407)  
Date System Number