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

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000006139

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

188 HELTON (* 100 ° 1)

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NORTH STAR ENTERPRISES. INC.

,									
Principal Place of E	Business		Mailing Address				T 40041000 110 10110 31011 00411 0011 001		
115 S HUNTING LODGE DR INVERNESS FL 34453 US 115 S HUNTING LODGE DR INVERNESS FL 34453 US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/18/1992		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For		
21	26				59-3152110 Not Applicable				
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired \$8.75 Additional		
22 27							Fee Required		
				ity & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	C	ountry	Zip	-	Country		8. This corporation owes the current year Intangible		
24	25		29	30			Personal Property Tax.		
	Name and	Address of Current					10. Name and Address of New Registered Agent		
		المناه أأمره ورياسه البداء المدا	JUNE 1 CALM		81	Name	ne		
ULMER, FRANK R					82	32 Street Address (P.O. Box Number is Not Acceptable)			
115 S HUNTING LODGE DR							and the second s		
INVERNESS FL 34453					83				
					84	City	85 Zip Code		
11. Pursuant to the office of register agent. I am far	e provisions of ered agent, o miliar with, an	of Sections 607.0502 r both, in the State of d accept the obligation	and 607.1508, Florida Florida: Such change ons of, Section 607.050	us, Florida (Statutes	•	ed corporation submits this statement for the purpose of changing its registered imporation's board of directors. I hereby accept the appointment as registered		
Signat	ture, typed or print	ed name of registered agent				nt signature	are required when reinstating);;;; DATE		
12.		OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P					1.1 TITLE		Change Change		
	MER, FRAN				1.2 NAME				
1		IG LODGE DR		1		ADDRESS	SS		
	ERNESS F	L 34453	∏ DELÎ		1.4 CITY-S	T-ZIP	☐ Change ☐ Additi		
TITLE ST		NDA V	☐ DELI		2.1 TITLE				
	MER, SAND				2.2 NAME				
STREET ADDRESS 11	CDVICCO L	IG LODGE DR			•	T ADDRESS	33		
CITY-ST-ZIP INV	EHNESS F	34453	DELI		2. 4 CITY- 5 3.1 TITLE	I-ZIP	☐ Change ☐ Additi		
ULT	(宿舍)大身 子		- 000		3.2 NAME				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	unital eta					T ADDRESS	es		
STREET ADDRESS	路台。如西	5		a de	3.4. CITY-S				
CITY-ST-ZIP			□ DELI		3.4. CRY-S 4.1 TITLE	I-ZIP	Change (1) Addition		
)		•			4. 2 NAME				
NAME.	74 B					r ADDRESS	98		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

5.1 TTILE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ DELETE

DELETE

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90060 050 ***150.00

☐ Change

☐ Addition

☐ Addition