

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000014611 (7)

1. Corporation Name

STARMAKERS RISING, INC.



Principal Place of Business

Mailing Address

6801 LAKE WORTH RD
LAKE WORTH FL 33467

6801 LAKE WORTH RD
LAKE WORTH FL 33467

2. Principal Place of Business

2a. Mailing Address

21 17239 Boca Club Blvd

26 17239 Boca Club Blvd

22 Suite, Apt #, etc
#6

27 Suite, Apt #, etc
6

23 City & State
Boca Raton FL

28 City & State
Boca Raton FL

24 Zip
33467

25 Country
USA

29 Zip
33467

30 Country
USA

9. Name and Address of Current Registered Agent

MILLER, EILEEN
17239 #6 BOCA CLUB ROAD
BOCA RATON FL 33487

3. Date Incorporated or Qualified

12/29/1992

3a. Date of Last Report

06/15/1995

4. FEI Number

65-0377826

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

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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 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 *Eileen Miller*

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required with incorporation)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐	DELETE
NAME	MILLER, KIM		
STREET ADDRESS	415 W. 24TH ST.		
CITY - ST - ZIP	NEW YORK NY		
TITLE	P	☐	DELETE
NAME	MILLER, EILEEN		
STREET ADDRESS	17239 #6 BOCA CLUB ROAD		
CITY - ST - ZIP	BOCA RATON FL		
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐	Change	☐	Addition
12 NAME				
13 STREET ADDRESS				
14 CITY - ST - ZIP				
21 TITLE	☐	Change	☐	Addition
22 NAME				
23 STREET ADDRESS				
24 CITY - ST - ZIP				
31 TITLE	☐	Change	☐	Addition
32 NAME				
33 STREET ADDRESS				
34 CITY - ST - ZIP				
41 TITLE	☐	Change	☐	Addition
42 NAME				
43 STREET ADDRESS				
44 CITY - ST - ZIP				
51 TITLE	☐	Change	☐	Addition
52 NAME				
53 STREET ADDRESS				
54 CITY - ST - ZIP				
61 TITLE	☐	Change	☐	Addition
62 NAME				
63 STREET ADDRESS				
64 CITY - ST - ZIP				

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 119.07(3)(k), 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:

Eileen Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96

407-989-8999

CR2E034 (3/96)