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

PROFIT CORPORATION ANNUAL REPORT



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

## 1996 DOCUMENT #

P93000000757 (3)

NEWSTAR GROUP, INC.  Principal Place of Business  Mailing Address  5364 EHRLICH RD.  SUITE 396  TAMPA FL 33625  TAMPA FL 33625										
						3. Date incorporated or Qualified 01/06/1993	1	of Last 3/28/19	•	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		1	Applied For	
Suite, Apt. #	F. etc.	<b>26</b>   Suite, Apt. #, etc.				59-3166487			Not Applicable	
2		27 Suite, Apr. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State		City & State				6. Election Campaign Financing	-		00 May Be	
3	<del></del>	28	_,			Trust Fund Contribution			led to Fees	
Ζφ <b>4</b> ]	Country 25	Zp	Cour	ntry		8. This corporation has liability for i		x under (	s 199.032,	
<u> </u>	9. Name and Address of Cu	29	30				□ No		<del></del>	
	J. //	Trent Hogistered Agent		81	Name	10. Name and Address of New R	egistered .	Agent		
FRANCO	DAVID									
5364 EHRLICH ROAD				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
SUITE 39			}	B3					<del></del>	
TAMPA F										
			ŀ	84 (	City		Fi	85 Z	Zip Code	
familiar with SIGNATURE	of the provisions of Sections 607.0 diagent, or both, in the State of n, and accept the obligations of, so	Section 607,0505, Florida Statute	s.	OIPOIR	ator s boar	ation submits this statement for the purp of of directors. I hereby accept the appo	pose of cha pintment as	nging its registered	registered office d agent. I am	
12.		agent and tille if applicable (N	OTE: Registered A	gent si	signature required		DATE			
IIILE	DPST	DELETE	13. 1.1 Tit	l F		ADDITIONS/CHANGES TO OFFI		DIRECTO Change		
IAME	FRANCO, DAVID		1.2 NAA				L	] nuarige	Addition Addition	
STREET ADDRESS	5364 EHRLICH RD., SUITE	E 396			DORESS					
DITY-ST-ZIP	TAMPA FL 33625		1.4 CIT		i					
ITLE		☐ DELETE	2 1 TIT					Change	Addition	
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TITLE		☐ DELETE	3 1 1111	LF				] Change	☐ Addition	
NAME			3.2 NAM	ΛE						
STREET ADDRESS			3.3 STR	CA 1339	ODRESS					
ITLE		רו חבונונ	3.4 CITY		ZIP					
IAMÉ		☐ DELETE	4. 1 1111				L	] Change	☐ Addition	
STREET ADDRESS			4.2 NAM							
CITY-ST-ZIP			4.3 STRE							
TLE		DELETE	4.4 CITY 5. 1 TITL		MP -			7 Change	- I Addition	
AME			5.2 NAM				L	] Change	Addition	
TREE1 ADDRESS			53 STRE		-DBFSS					
TY-ST-ZIP			5.4 C(TY							
TLE		DELETE	6 1 TITL					Change	Addition	
AME			6.2 NAM	1E				,		
IREET ADDRESS			63 STRE	EET ADD	DRESS					
TY-ST-ZIP			6.4 CITY	- ST - ZI	(IP					
						the exemption stated in Section 119.0 and that my signature shall have the s report as required by Chapter 607, Flor				

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-96 (813)8820189