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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 16 1998 8:00am

Secretary of State

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Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000053582 (1)

STAR ENTERTAINMENT, INC.

officer or director of the corporation or the re Block 12 or Block 13 if changed, or on an

Principal Plac	e of Business	Mailing Address			
12100 NE 16	TH AVE.	12100 NE 16TH AVE.			
STE #105 N. MIAMI FL 33161		STE#105 N. MIAMI FL 33161		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
1				07/30/1993	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0428371	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		U. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Attided to Fees
Zip	Country	L Zip	Country	B. This corporation owes or has paid the cu	
24	25		30	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
9. Name and Address of Current Registered Agent			81 Name	IV. Name and Address of New Registered	Agent
1	TT, SHELDON D		UT ITALIE		
12100 NE 16TH AVE.			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
STE#105			63		
N.	MIAMI FL 33161		63	•	
]			84 City	FI	85 Zip Code
11 Duma 1061	to the provisions of Selions 607 OF	02 and 07 1509 Elevida Statuto	a the above named one		
office of r	egistered agent, pooth, in the Stat	le of Florida. Such change was at	s, the above hamed cor uthorized by the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the p	ointment as registered
agent. la	m familiar with and account the obli-				S. C.
SIGNATURE	Signature, typed or printed name of registered e	- \ YEG 3h	Registered Agent signature requ	Q // // // // // // // // // // // // //	<u> </u>
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	EUBEN, ARTHUR		1.2 NAME		•
STREET ADDRESS	721 N.E. 203RD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP	*	
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	PETT, LAURA E		2.2 NAME		
STREET ADDRESS	721 N.E. 203RD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY - ST - ZIP		
TITLE	Ť	☐ DELETE	3.1 TITLE		Change Addition
NAME	euben, jean		3.2 NAME		
STREET ADDRESS	721 N.E. 203RD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELET <b>E</b>	4.1 TITLE		Change
NAME	<b>PE</b> TT, SHELDON D		4. 2 NAME		
STREET ADDRESS	721 N.E. 203RD LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		4.4 CITY+ST-ZIP		
TATLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		'
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 THILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		i
CITY-ST-ZIP		10. OF 10.	6.4 CITY-ST-ZIP	0	- 12 . st 2 st 2 t - 4 2 t
I • I hereby of indicated	erity that the information supplied to on this annual report or supplement	with one filing does not qualify for tal annual report is true and accu	tne exemption stated in rate and that my signatu	n Section 119.07(3)(i), Florida Statutes. I further ci ure shall have the same legal effect as if made ur	ertity that the information ander oath; that I am an
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 test exemption trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in					