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

PROFIT. **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P9400002391 (8)

STARS PRODUCTION ENTERPRISES, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Plac	e or Business	Mailing Adoress		,		
12634 WHITE CORAL DR 12634 WHITE CORAL DR						
WELLINGTON	FL 33414	WELLINGTON FL 33414		DO NOT WOITE IN T	LUC COAOT	
				DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualified		
O Origanal D	lace of Business	T EL TAISET AUGUSTON		01/07/1994		
	iace of Business	2a. Mailing Address	11147	4. FEI Number	Applied For	
21 Suite Ant # ate		26 P.O. BOX 211683		65-0462075	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		[27]			Fee Required	
23		28 Royal Palm	Beach	6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28 Koyal Talm		Trust Fund Contribution	Added to Fees	
24	}¬ ´	29 33421 3	Country U.S.A	8. This corporation owes or has paid the		
44	25 9. Name and Address of Current		0 9 91	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No	
RAMPERSAD, KENNETH 12634 WHITE CORAL DRIVE						
WELLINGTON FL 33414			82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
***	CUNGTON PL 33414		83			
			"			
			84 City		85 Zip Code	
44 Dura and	to the provide and Contain Control on	4 4 .COZ 45 CO. 51			EL 83 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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute's.						
SIGNATURE						
12,	Signature typed or protect uses of nonstructaging OFFICERS AND		logistered Agent signature requi			
TITLE	PO	DELETE	1.1 TOLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	RAMPERSAD, KENNETH		1.2 NAME		Change C Roomon	
STREET ADDRESS	12634 WHITE CORAL DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP			
TITLE	V	DELETE	211IILE		☐ Change ☐ Addition	
NAME	RAMPERSAD, NALINI H		2.2 NAME		one-igo naantaan	
STREET ADDRESS	12634 WHITE CORAL DRIVE	;	2.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414		2. 4 City-St-ZiP			
TIFLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-ST-ZIP			4.4 C(1)Y-S1-ZIP			
TITLE	/ · · · / · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 City-St-ZiP			
TITLE		DELETE	61 TITLE		Change Addition	
NAME			62 NAME		L Change L Addition	
STREET ADDRESS						
			63 STHEET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP			

14. Thereby 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 receiver or trusted 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 attackment with an address.