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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS				Secretary of State		
DOCUI 1. Corporatio	MENT # P940	00004036 (7	<u>')</u>			
FIVE S	TAR PROPERTIES, INC.					
Principal Place of Business Mailing Address 721 US #1 721 US #1 SUITE 217 SUITE 217 N. PALM BEACH FL 33408 N. PALM BEACH FL 33408					DO NOT WRITE IN	
TI. Triam DE		it them benow to	70 100		3. Date Incorporated or Qualified 01/18/1994	1110 017102
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0462351	Applied For Not Applicate
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z(p	30 Co	untry	This corporation owes or has paid the Personal Property Tax due June 30.	ne current year Intangible
	g, Name and Address of Cu		[30]		10. Name and Address of New Regist	
	ISER, DUANE C			81 Name		
721 US #1				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	SUITE 217					
Ŋ.	PALM BEACH FL 33408			83		
				84 City		FL 85 Zip Code
agent. I a	egistered agent, or both, in the 5 m familiar with, and accept the of Signature typed or prefed reason of regulated			ed by the corpora- tules. Id Agent signature requ	rporation submits this statement for the purp ation's board of directors. I hereby accept th ared when reinstating)	e appointment as registered
12.	OFFICE RS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	HEISER, DUANE C	[] DELETE	1.1 T	<u> </u>		Change Additi
NAME	721 US 1 STE 217		•	AME !		
STREET ADDRESS	N PALM BEACH FL			TREET ADDRESS		
CITY-ST-ZIP TITLE	VP VP	DELETE	2.1 7	ITY-ST-ZIP		Change Additi
NAME	RUSSO, FRANK	Ed better	221			
STREET ADDRESS	2583 MONACO CIR		1	TREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS	FL		CITY-ST-ZIP		
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NAME			3.2 N	AME		
STREET ADDRESS			3.3 \$	TREET ADDRESS		
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NAME			6.2 N	AME		
STREET ADDRESS			6.3 \$	TREET ADDRESS		
CITY-ST-ZIP			640	ITY-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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 14 in changed, or on an attachment with un address.

FILED

May 05 1998 8:00am