SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400006298 (1)

STARLIGHT CONTINENTAL, INC.

FILED Oct 07 1998 8:00am Secretary of State



Philopal Place of Bus ness		Mailing Address		
4901 NW 17TH WAY SUITE 305 FORT LAUDERDALE FL 33309 US		4901 NW 17TH WAY Suite 305 Fort Lauderdale FL 33309 US		DO NOT WRITE IN THIS S PACE
				3. Date Incorporated or Qualified
				01/26/1994
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 222	SE 1045 STREET	26 222 58	10th Street	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & State City & State			رسم یا ب	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	LAND FROALE, FL.	28 FORT LAUDER	Country	8. This corporation owes or has paid the current year Intangible
24 333	16 25	29 33316	30]	Personal Property Tax due June 30. X Yes No
DOD	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
	BINS, MICHAEL J.			48
4901 NW 17TH WAY SUITE 305			82 Street A	odress (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33309			83	C.L (U - SIREEL
ion	LAUDENDALL I E 30303			
			84 City_	2+ LAUDEZDALE FL 85 Zip Code 33316
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes	the above-named co	rporation submits this statement for the purpose of changing its registered
office or	regis tere d agent, or both, in the State c am fa mil iar with, and accept the obligat	of Florida. Such change was at	uthorized by the corpor	ration's board of directors. I hereby accept the appoi nt ment as registered
SIGNATURE .	Signature, typed or printed name of registered agent	and title if sonlication (NOI	IE: Registered Apont signature	required when reinstaling) DATE
12.	OFFICERS AND	· . · . · . · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.5 TITLE	Change Addition
NAME	DEMETRIOU, HARRY		1.2 NAME	410
STREET ADDRESS	4901 NW 17TH WAY #305		1.3 STREET ADDRESS	222 SE 10th Street
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	222 SE 10th Street FORT LANDERDALE, FL 33316
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZiP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE 3.2 NAME	Change (Addition
NAME STREET ADDRESS			3.3 STREET ADDRESS	300002657833 -10/07/98—01073— 0 01
CITY-ST-ZIP			3.4 CITY-ST-ZIP	-10/07/35-01073-001
TITLE		DELETE	4.1 TITLE	Cyringe Addition
NAME		(") DECEME	4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	4/10/2
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	<u> </u>	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 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	ing and a rest, in which in the street,		6.4 CITY-ST-ZIP	The AAD DE(D)(I) Planta Challeto I for the About the later of the
indicated of an officer of	on this annual report or supplemental a	nnual report is true and accura siver or trustee empowered to	ale and that my signatu	section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under oath; that I am required by Chapter 607, Florida Statutes; and that my name appears