FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000010196 (1)**

1. Corporation Name

RISING STAR MANAGEMENT, INC.

Principal Place of Business	Mailing Address
29399 US HWY 19 N #360 CLEARWATER FL 34621-2137	29399 US HWY 19 N #360 CLEARWATER FL 34621-2137

3. Date Incorporated or Qualified: **01/31/1994**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-3239787** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 29605 US 19 No #140	26 29605 US 19 #140
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Clearwater, FL 34621	27 Clearwater, FL
City, State	City, State
23	28
Zip: 24 34621	Country: 25 Pinellas
Zip: 29 34621	Country: 30 Pinellas

9. Name and Address of Current Registered Agent

STEARN, JAMES R
1370 PINEHURST ROAD
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHANE, GLENN B	1.2 NAME	
STREET ADDRESS	29399 US HWY 19 N #360	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621-2137	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	Kevin J. Donoghue	2.2 NAME	
STREET ADDRESS	29605 US 19 NO., #140	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 34621	2.4 CITY-ST-ZIP	
TITLE	☐ 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	800001760988 ☐ Addition
NAME		4.2 NAME	-03/28/96--01050--026
STREET ADDRESS		4.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ 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		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/16/96 813-785-4447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Kevin J. Donoghue — SC 3-28-96