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 # P94000018150 (0)

NORTH STAR MANAGEMENT GROUP, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place	pal Place of Business Mailing Address					I Individus und abaut didig Baite Maile dans abaut illus 1848 (1848 1818 1818 1818 1818 1818 181			
112 E CONCORD STREET 112 E CONCORD STREET									
ORLANOD FL	32601	ORLANOD FL 32801				DO NOT WRIT	E IN THIS SI	PACE	
					-	3. Date Incorporated or Qualified	110 01	,,,,,,	
						03/03/1994			
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>	\sim		4. FEI Number		Α	Applied For
21 530 2	=.Contral	26 530 6.6	acti	al/		59-3239819			lot Applicable
Suite, Apl.	#, 9lc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22	#1200	27 7/202				b. Certificate of Status Desireo		Fee P	Required
City State		City Spale	7).		ŀ	8. Election Campaign Financing	-		May Be
23 (mero, r	28 1 and 1	<u> </u>			Trust Fund Contribution			to Fees
m ^{Zip} つ9	Country	32001	Country	,	- 1	B. This corporation owes or has p			·
24 50	9. Name and Address of Current	Registered Agent	<u> </u>			Personal Property Tax due Jun 10. Name and Address of New R			∐ No
6241		riogistoreo rigoria	81	Name		IO. Italio alla Addicas di Itali	ogiotoi ou A	Rolli	
	NTZARIS, DANIEL F		82	ļ <u>.</u>					
332 N. MAGNOLIA AVE ORLANDO FL 32801				Street	t Address	s (P.O. Box Number is Not Accepta	ble)		
UNI	ANDO PL 32001		83						
				<u> </u>					
			84	City			FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the abov	l e-named	d corpora	ation submits this statement for the		<u> </u>	its registered
Office or s	egistered t agent, or both, i y ing state c	f Florida, Such change was authions of, Section 607.0505, Florid	norizea bi	v the cor	rporation	's board of directors. I hereby acce	pt the appo	intment as	s registered
agent a	a amur - A a and Acopat Die Obligat	ions at, Section 607.0505, Florid	ia Siatule:	S.					
SIGNATURE !	Section, typed or printed name of registered agest	and title if applicable (NOTE: Bo	egistered Agr	ent signature	w bertiger er	vhen re-installing)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE					Z Change	Addition
NAME	CHEROS, GEORGE E		1.2 NAME			- 1 0	,		
STREET ADDRESS	112 E CONCORD STREET		1.3 STREET	ADDRESS	530	E. Central Bup#12	DZ_		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - S	S1-ZIP	0	ando, FL 32Bd			
TITLE	War.	☐ DELETE	2.1 TITLE		CHI	CO CAPA UP		Change	Addition
NAME &	SHEROE INVIDA		2.2 NAME		CHE	OS /NNDALL			
STREET ADDRESS	530-		2.3 STREET	ADDRESS	530	F. Central #1202			
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP	Or	Tardo, FL 3288			
TITLE		DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS	1				- 1
CITY-ST-ZIP			3.4. CITY -	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Į.	Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS	}				
CITY-ST-ZIP			4.4 CITY - S	T - ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TITUE				[Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - S	T-ZIP	<u> </u>				<u></u> _
TITLE		☐ DELETE	6.1 TITLE				₹	Change	Addition
NAME			6.2 NAME						ĺ
STREET ADDRESS			6.3 STREET	ADDRESS	1				
CITY-ST-ZIP			6.4 CITY - S		<u> </u>				
14. I hereby o	edify that the information supplied with	this titing does not qualify for the	he exemn	tion state	led in Sec	ction 119 07/3\(i) Florida Statutes	I further cert	ify that the	e information

Indicated on this annual report or suppliermental annual report is true and accurate and that my signature shall have the same logal 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 attraction of with an address.