


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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90049 006 ***150.00

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|---|--|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P94000027261 | | | | | |
| 1. Corporation Name LARGO STAR, INC. | | | | | |
| Principal Place of Business C/O KB HOLDINGS / 647 E. DANIA BCH BLVD DANIA FL 33004 | | | Mailing Address C/O KB HOLDINGS / 647 E. DANIA BCH BLVD DANIA FL 33004 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 04/05/1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0478826 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Dania Beach, FL | | 28 Dania Beach, FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 | | 25 | | 29 | |
| 25 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| WAGNER, J C/O KB HOLDINGS 647 E DANIA BEACH BLVD DANIA FL 33004 | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City Dania Beach FL 85 Zip Code 33004 | | |
| 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. | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE PVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 1.2 NAME Boulis, G. | | | | | |
| 1.3 STREET ADDRESS Dania Beach, FL 33004 | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS Dania Beach, FL 33004 | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS Dania Beach, FL 33004 | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |

14. I hereby 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gus Boulis, Pres.

4/30/99

Date

954/922-6700

Daytime Phone #

CR2E034 (1/98)