

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90035 046 ***150.00

DOCUMENT # P94000033181

1. Corporation Name
THREE STAR MANAGEMENT INC.

Principal Place of Business
8254 LOCHINVER LANE
POTOMAC MD 20854

Mailing Address
8254 LOCHINVER LANE
POTOMAC MD 20854

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1994

4. FEI Number

65-0487419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10210 DAPHNEY HOUSE WAY
Suite, Apt. #, etc.

2a. Mailing Address

26 10210 DAPHNEY HOUSE WAY
Suite, Apt. #, etc.

City & State

23 ROCKVILLE, MD

Zip Country

24 20850 25 USA

City & State

28 ROCKVILLE, MD

Zip Country

29 20850 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 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

TITLE DP ☐ DELETE
NAME LEVY, JONATHAN C
STREET ADDRESS 8254 LOCHINVER LN
CITY-ST-ZIP POTOMAC MD 20854

TITLE DT ☐ DELETE
NAME RESNICK, MARLENE
STREET ADDRESS 6701 PARK HEIGHTS AVE #3B
CITY-ST-ZIP BALTIMORE MD 21215

TITLE DVS ☐ DELETE
NAME LEVY, DARA L
STREET ADDRESS 8254 LOCHINVER LN
CITY-ST-ZIP POTOMAC MD

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition
1.2 NAME Same
1.3 STREET ADDRESS 10210 DAPHNEY HOUSE WAY
1.4 CITY-ST-ZIP ROCKVILLE, MD 20850

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Same ☒ Change ☐ Addition
3.2 NAME Same
3.3 STREET ADDRESS 10210 DAPHNEY HOUSE WAY
3.4 CITY-ST-ZIP ROCKVILLE, MD 20850

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

JONATHAN C. LEVY, President

1/21/99

Date

(301)610-6362

Daytime Phone #

CR2E034 (11/98)

0008722