


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

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

03-29-1999 90035 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/29/1994

2. Principal Place of Business 21 10210 DAPHNEY HOUSE WAY Suite, Apt. #, etc.	2a. Mailing Address 26 10210 DAPHNEY HOUSE WAY Suite, Apt. #, etc.
23 ROCKVILLE, MD City & State 24 20850 25 USA Zip Country	27 28 ROCKVILLE, MD City & State 29 20850 30 USA Zip Country

4. FEI Number 65-0487419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEVY, JONATHAN C	
STREET ADDRESS	8254 LOCHINVER LN	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RESNICK, MARLENE	
STREET ADDRESS	6701 PARK HEIGHTS AVE #3B	
CITY-ST-ZIP	BALTIMORE MD 21215	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	LEVY, DARA L	
STREET ADDRESS	8254 LOCHINVER LN	
CITY-ST-ZIP	POTOMAC MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same	
1.3 STREET ADDRESS	10210 DAPHNEY HOUSE WAY	
1.4 CITY-ST-ZIP	ROCKVILLE, MD 20850	
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	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same	
3.3 STREET ADDRESS	10210 DAPHNEY HOUSE WAY	
3.4 CITY-ST-ZIP	ROCKVILLE, MD 20850	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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: Jonathan C. Levy, President 1/21/99 (301) 610-6362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JONATHAN C. LEVY, PRESIDENT

CR2E034 (11/98)