

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000034097 (3)**
1. Corporation Name

LONE STAR MANAGEMENT, INC.



Principal Place of Business

Mailing Address

~~9133 NW 1ST STREET
CORAL SPRINGS FL 33071~~

~~9133 NW 1ST STREET
CORAL SPRINGS FL 33071~~

2. Principal Place of Business
21 **5994 GLENDALE DRIVE**
Suite, Apt. #, etc
22
City & State
23 **BOCA RATON**
Zip
24 **33433** Country
25 **Cal. Bch**
26 **5994 GLENDALE DR**
Suite, Apt. #, etc
27
City & State
28 **BOCA RATON**
Zip
29 **33433** Country
30 **Cal. Bch**

3. Date Incorporated or Qualified **05/05/1994**
3a. Date of Last Report **02/28/1995**
4. FEI Number **65-0487834**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OGHAMES, BRUCE
9133 NW 1ST STREET
CORAL SPRINGS FL 33071**

81 Name **DONALD M. MARKS**
82 Street Address (P.O. Box Number is Not Acceptable)
5994 GLENDALE DRIVE
83
84 City **BOCA RATON** FL 85 Zip Code **33433**

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]
Signature typed or printed (Name of registered agent, if applicable) (If 201: Registered Agent signature required when reinstating)

6/6/96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARKS, DONALD	
STREET ADDRESS	5994 GLENDALE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEINER, MELVIN	
STREET ADDRESS	4860 NW 65TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CAPRIO, JAMES	
STREET ADDRESS	4890 NW 65TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARKS, DARREN	
STREET ADDRESS	22809 MARBELLA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD M. MARKS 6/6/96

Date:

Daytime Phone:

407-265-3601

CR2E034 (3/96)