## 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 # P94000051598 (8)

SHINING STAR TRADING CORPORATION

Principal Place of Business Maiting Address 2424 NORTH FEDERAL HWY. 2424 NORTH FEDERAL HWY. DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date Incorporated or Qualified 07/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0512961 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BERNARD, DAVID A 2424 N. FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) SUITE 311 **BOCA RATON FL 33431** 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ection 607,0505, Florid Statutes. 11. Pursuant to the provis SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change BERNARD, DAVID A NAME 1.2 NAME 2424 N. FED. HWY., STE. 311 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-SF-ZiP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP \_\_\_ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE Change Addition 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNIATION A

14. I hereby certify that the information supplied indicated on this annual report of supplied the supplied to the supplied to

officer or director of the corporat Block 12 or Block 13 if changed

NAME

STREET ADDRESS

CITY-ST-ZIP

1/5/98 561-568-0346

s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Jan 20 1998 8:00am

Secretary of State