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

PROFIT CORPORATION ANNUÁL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400053829

1. Corporation Name

METROSTAR CORPORATION

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90222 037 ***150.00



DO NOT WRITE IN THIS SPACE

!						 Date Incorporated or Qualifer 07/18/1994 	d .		
5 3	Nana of Business	2a, Mailing A	Addrass			4, FEI Number		ΤΙΔ	plied For
	Place of Business	— ·	-aaress			59-3256841			t Applicable
21 Cuite Ant	#	26 Suite, Ar	ot # etc			39-3230041		\$8.75	
Suite, Apt.	. #, etc.	27	ut. #, etc.			5. Certifcate of Status Desired		Fee Re	
City & State City & State			tate			6. Election Campaign Financing	¹ □	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Country		8. This corporation owes the cu	rrent year Int		_
24	25	29	30	<u> </u>		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Age	ent	81		10. Name and Address of New	Registered	Agent	
					Name				
CHASTANG, LAWRENCE J.					Street Add	dress (P.O. Box Number is Not Accep	table)		
1400 W. FAIRBANKS AVE.				82	ou corrido	21000 (1:0; 20x (10:1100; 10:1101; 100-p	,		
SUITE 102				83					
WINTER PARK FL 32789				-	4			05 7:-	Cada
				84	City		FL	85 Zip	Code
11 Dureuant	t to the provisions of Sections 607.050	2 and 607 1508	Florida Statutes	the above	e-named con	poration submits this statement for th	e purpose of	changing its	registered
l office or i	registered agent, or both, in the State (of Florida. Such d	change was auth	onzed by	the corporat	tion's board of directors. I hereby acc	ept the appoi	ntment as re	gistered
agent. I a	am familiar with, and accept the obligat	tions of, Section t	607.0505, Florida	Statutes	i.				
SIGNATURE	Signature, typed or printed name of registered agen	t and tille if conlicable	/NOTE: Pa	astered Ager	nt signafure ceguir	red when reinstating)	DATE		
12.		D DIRECTORS	11012.110	13.	it digitality toqui	ADDITIONS/CHANGES TO O		ID DIRECTO	ORS IN 12
TITLE	D		DELETE	1.1 TITLE				Change	Addition
NAME			_	1.2 NAME					
} '	1200 1200 1200 1200 1200 1200 1200 1200	N- POINT	circui		T ADDRESS				
STREET ADDRESS	DULUTH GA 30136 ALPHAR	18774 GA	20022						
CITY-ST-ZIP		2177, 911	FIDELETE	1.4 CITY-S' 2.1 TITLE	1-ZIP			Change	Addition
TITLE	D ACAMER AFTAR	_	- Detric		ì			[\$\go	[_]
NAME	AUAMJEE, AFTAB	N. POINT	CIRCLE	2.2 NAME					
STREET ADDRESS	ADAMJEE, AFTAB 1010 COURT DRIVE 1209 1 DULUTH GA 30136 ALPHAR	GETTA GA	20022		TADDRESS				
CITY-ST-ZIP	DULUTH GA 30136 ALIYANE	ciny yn	30000	2. 4 CITY-S	ST-ZIP				☐ Addition
TITLE		l	☐ DELETE	3.1 TITLE				☐ Change	[] Addition
NAME				3.2 NAME					
STREET ADDRESS	5			3.3 STREE	TADDRESS				
CITY-ST-ZIP				3.4. CITY-S	ST-ZIP				
TITLE		. [☐ DELETÉ	4.1 TITLE				Change	Addition
NAME	1			4.2 NAME					
STREET ADDRESS	s) -			4.3 STREET	T ADDRESS				
CITY-ST-ZIP	9 .			4.4 CITY-S	T-ZIP				
TITLE			DELETE	5.1 TITLE		<u> </u>		Change	Addition
NAME				5.2 NAME	1				
1			1	O'S IDAME	ŀ				
STREET ADDRESS			İ		TADDRESS				

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.

CER OR DIRECTOR

6.1 TITLE

6.2 NAME

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition

CR2E034 (11/98)