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

DOCUMENT # P9500004960 1. Corporation Name

STARBURST PROPERTIES, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90157 021 ***150.00



Principal Place of Business Mailing Address				(
775 CREIGHTON RD. 775 CREIGHTON RD. ORANGE PARK FL 32073 ORANGE PARK FL 32073			DO NOT WRITE IN TH	HIS SPACE	
				3. Date incorporated or Qualifed	7
				01/19/1995	
9 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
—	lace of Business	26 236 120457	-Por loop	59-3288850	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	KINE BU.	_	\$8.75 Additional
22	<i>π</i> , σω.	27		5. Certifcate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Olastic Pala	K FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 32 <i>073</i> 3	0	Personal Property Tax.	Yes No
•	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ad Agent
			81 Name	M MU M	
MCLEAN, TOM				ress (P.O. Box Number is Not Acceptable)	
4503 IRVIDETON AVE #6			234	6 INDUSTRIAL LOOP	
JACI	KSONVILLE FL 32210		83		
			24 21		85 Zip Code
			84 City Ola	White Park F	L 85 Zip Code 3207.7
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above-named corn	poration 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.					
_	$\sim 10^{-1}$		a Glaidles.	14	30-47
SIGNATURE	Signature, typed or printed name of registered ag	TOIT TILDH ent and title if applicable. (NOTE: R	egistered Agent signature require		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUNCAN, STEVE		1.2 NAME		
STREET ADDRESS	775 CREIGHTON RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		Change Addition
NAME	DUNCAN, SHERRY		22 NAME		
STREET ADDRESS	00-101-101-101		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		2.4 CITY-ST-ZIP		
TITLE	OPANGE FAIR FE SESTO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	İ	_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34, CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
1			5.2 NAME		-
NAME 07DEE7 1000E00			5.3 STREET ADDRESS		
STREET ADORESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE		Change Addition
TITLE			6.2 NAME		_ ,
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.3 STREET ADDRESS		
L ACT COT TIP	T. Control of the Con		= n41.01.01.7P		

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: