## 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 # P95000006683 (3)

LUCKY STAR ENTERPRISES, INC.

## **FILED** Jan 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 437 E. CAPE CORAL PARKWAY 437 E. CAPE CORAL PARKWAY CAPE CORAL FL 33904 CAPE CORAL FL 33904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0569795 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 ROY, AMIT 437 E. CAPE CORAL PARKWAY Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 84 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 Signature, typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change \_\_\_ Addition TITLE NAME ROY, AMIT 1.2 NAME CR2E034 437 E. CAPE CORAL PARKWAY STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33904 CITY - ST - ZIE 1.4 CITY-ST-ZIF DELETE Addition Change TITLE 2.1 TITLE ROY, ANIMA NAME 2.2 NAME 437 E. CAPE CORAL PARKWAY STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-2IP 2. 4 CITY-ST-ZIP DELETE Change Addition | TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

SIGNATURE: