## 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

1. Corporation Name  NORTHSTAR MANAGEMENT COM	
	<u> </u>
Principal Place of Business	Mailing Address
6561 CASCADES ISLES BLVD BOYNTON BEACH FL 33437 US	6561 CASCADES ISLES BLVD BOYNTON BEACH FL 33437 US
Principal Place of Business     21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State

**FILED** Feb 02, 1999 8:00am **Secretary of State** 

02-02-1999 90015 048 \*\*\*150.00

<ol> <li>Corporatio</li> </ol>				•			
NORTHS	STAR MANAGEMENT COM	ipany, inc.					
						<u>                                    </u>	
Principal Plac	e of Business	Mailing Address			( 1001)201 (10 10101 01111 00111 90111 Antit Antit on	18 11981 11887 18111 9	1511 9181 1401
6561 CASCADE	ES ISLES BLVD	6561 CASCADES ISLES	BLVD				
BOYNTON BEA		BOYNTON BEACH FL 3					
US		U\$			DO NOT WRITE IN TH	IS SPACE	
	<b>.</b>				3. Date Incorporated or Qualifed		
4	· · ·			•	03/17/1995	<del> </del>	<del></del>
2. Principal P	Place of Business	s 2a. Mailing Address		4. FEI Number		lied For	
21		26	26		65-0572487		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
22		27			Fee Rec		
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00		
23	•	28			Trust Fund Contribution	Added to	rees
Zip	Country	Zip		untry	8. This corporation owes the current year		□No I
24	25	29	30		Personal Property Tax.		INU
	9. Name and Address of Curr				10. Name and Address of New Registers	· Agent	
14M E		Clarify Confes		81 Name			
	RTENBERGER, KENNETH P	CONSTRUCTION		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	AS, PEARLMAN, TROP, & BORK				AND THE PERSON OF THE PERSON O	(4.5. ) (4.5. ) (4.5. ) (4.5. ) (5.5. ) (5.5. ) (5.5. ) (5.5. ) (5.5. ) (5.5. ) (5.5. ) (5.5. ) (5.5. ) (5.5. )	1001 2147 10W1
	E LAS OLAS BLVD SUITE 190	U		83			
FTI	LAUDERDALE FL 33301			84 City	्रिक्त विकास स्थापन स्थापन स्थापन स्थापन	. 85 Zip C	ode
	project of the state of	1.			poration submits this statement for the purpose		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (N	OTE: Registered	d Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	VPS	☐ DELETE	1,1 T	TTLE .	7, 27, 37, 37	Change	Addition
NAME	DOBBIN, MARJORIE		1.2 N	IAME .			
STREET ADDRESS	TOOK OFFILE COLUMN		1.3 S	TREET ADDRESS			
CITY-ST-ZiP	BOCA RATON FL 33433		1.4 0	:ITY-ST-ZIP			
TITLE	P	☐ DELETE	2.1 T	ITLE		☐ Change	☐ Addition
NAME	ETTINGER, DAVID		2.2 N	IAME .			
STREET ADDRESS	TAGE ENGINEE LANCE		2.3 S	TREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		2.40	CITY-ST-ZIP			
TITLE	The state of the s	DELETE		ITLE.		Change	☐ Addition
NAME " "		as and the state of the	3.2 N	IAME			
STREET ADDRESS	Note that the best of the property of the prop	20% - VIII	3.3 S	TREET ADDRESS	en en de Print Ville Contra en en en	en jakaneta regija	ori ettera
21.73	阿拉斯 医双双外 医皮肤		1	1 .		to be a fine or an arm of the first	1 2 3 di
TITLE	* 2 d a marchem to the state of		3.4 (	CITY-ST-ZIP 1		fige. Weiter ?	
NAME ( , , , , )	1	DELETE		TITLE	- <u>123 - 200 第 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6</u>	€ Change.	Addition
report to state		<u> </u>	4.1 T			र्व क्षेत्र क्षित्र क्षेत्र क क्षेत्र क्षेत्र	Addition
		DELETE	4.1 T	ITLE NAME		語語を記録しません。 は 日戸 Change. 』	Addition
STREET ADDRESS	S part of the second of the se	DELETE	4.1 T 4.28	TITLE NAME STREET ADDRESS	राज्यों ने के दिन्हें की जिसी हैं हैं है है है है रूप पार्टिक के प्रस्ति की किस के द्वारी हैं स्थापन	Chánge.	Addition
CITY-ST-ZIP	S ; + > >	DELETE	4.1 T 4.2 t 4.3 S 4.4 C	ITLE NAME	्राह्म - क्षेत्रिक्ष स्थापित हैं है	☐ Change	Addition
CITY-ST-ZIP TITLE	S ;: >>	DELETE	4.1 T 4.2 d 4.3 S 4.4 C 5.1 T	ITLE NAME STREET ADDRESS SITY-ST-ZIP			
CITY-ST-ZIP TITLE NAME		DELETE	4.1 T 4.2 £ 4.3 S 4.4 C 5.1 T 5.2 N	TTLE NAME STREET ADDRESS CITY-ST-ZIP TTLE	्राह्मी + क्षेत्रिकेट क्षिति विकेश विदेश हैं हैं। इस राजा है जिस से इस स्वरंग विकेश क्षेत्र स्वरंग स्वरंग स्वरंग क्षेत्र क्षेत्र स्वरंग स्वरंग स्वरंग स्वरंग स्व		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4.1 T 4.24 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	TTLE NAME STREET ADDRESS SITY-ST-ZIP TTLE VAME	्राह्मी । के दिन्हें हैं कि विकास है हैं है है कि विकास है है है कि विकास है है कि विकास है है जिस है कि विकास इस पार्टिया के कि विकास है कि विकास है इस पार्टिया कि विकास है कि		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1T 4.24 4.3S 4.4C E 5.1T 5.2N 5.3S 5.4C	TTLE NAME STREET ADDRESS CITY-ST-ZIP TTLE VAME STREET ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	s	DELETE	4.1T 4.24 4.3S 4.4C 5.1T 5.2N 5.3S 5.4C	TILE NAME STREET ADDRESS CITY-ST-ZIP TILE JAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S WAS THE SOLET OF	DELETE	4.1T 4.24 4.3 S 4.4 C 5.1T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	TILE NAME STREET ADDRESS CITY-ST-ZIP TILE JAME STREET ADDRESS CITY-ST-ZIP TILE		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S WAS THE SOLET OF	DELETE	4.1T 4.24 4.3S 4.4C 5.1T 5.2N 5.3S 5.4C 6.1T 6.2N 6.3S	TILE NAME STREET ADDRESS SITY-ST-ZIP TILE JAME STREET ADDRESS SITY-ST-ZIP TILE JAME JAME JAME JAME JAME JAME JAME JAM		☐ Change	Addition

CITY-ST-ZIP 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 exporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE