Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90060 037 ***150.00

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

Mailing Address

PO BOX 210453

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050974

1. Corporation Name

Principal Place of Business

4344 MANGO BLVD

W.H. STARR & ASSOCIATES, INC.

UNIT C WEST PALM BEACH FL 33411	ROYAL PALM BCH FL 33421 Fach Fl 33411 US		DO NOT WRITE IN THIS SPACE	
US	•		3. Date Incorporated or Qualifed	
1			06/29/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0591527	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	27			
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	Country	Trust Fund Contribution	Added to Fees
Zip Country -		Country	 This corporation owes the current year Personal Property Tax. 	Yes \Bo
24 25 9. Name and Address of Curre			10. Name and Address of New Registere	
g. Name and Address of Curre	ent Registered Agent	81 Name	10. 112.110 2112 , 122.100 01	
STARR III, WILLIAM H				
4344 MANGO BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
UNIT C		83		
WEST PALM BEACH FL 33411				
·		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.05	502 and 607 1508. Florida Statutes, th	ne above-named corr	poration submits this statement for the nurnose	of changing its registered
office or registered agent, or both, in the State	e of florida. Such change was author	rized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
agent. I am familiar with, and according to the	rations of, Section 607.0505, Florida 5			
SIGNATURE Stronger speed or printed same of registered a	V VI 3//// -	stered Agent signature require	ed when reinstating) DATE	
		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE P	DELETE 1	1.1 TITLE P	• 11 . 11	Change Addition
NAME STARR, WILLIAM MAII	7 NOT "	1.2 NAME 5	TARR, WILLIAM H. III	
STREET ADDRESS 4344 MANGO BLVD	<i>^</i>	1.3 STREET ADDRESS 4	TARR, William H. III.	[
CITY-ST-ZIP WEST PALM BEACH FL 3341	1 TYPO ???	1.4 CITY-ST-ZIP	VEST PAIM BEACH, FL	<i>33 411</i>
TITLE		2.1 TITLE	,	☐ Change ☐ Addition
NAME :		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE _	☐ DELETE :	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME	•	•
STREET ADORESS	3	3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE 4	4.1 TITLE		☐ Change ☐ Addition
NAME	4	4. 2 NAME	,	
STREET ADDRESS		4.3 STREET ADORESS	•	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE !	5.1 TITLE		☐ Change ☐ Addition
NAME .		5.2 NAME		
STREET ADDRESS	1:	5.3 STREET ADDRESS		
CITY-ST-ZIP	.	5.4 CITY-ST-ZIP		
TITLE	☐ DELETE (6.1 TITLE		☐ Change ☐ Addition
		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		

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 frue 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 property an address, with all other like empowered.

SIGNATURE: