

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathamy  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000066048

1. Corporation Name

RIGHT STAR ENTERPRISE, INC.

Principal Place of Business

3601, SWANN AVE.,  
SUITE 205  
TAMPA, FL 33629

Mailing Address

118, S. WESTSHORE  
SUITE 228,  
TAMPA, FL 33609.

3. Date Incorporated or Qualified

8/25/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

26 SAME AS ABOVE

4. FEI Number

APPLY FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

Country

25

Country

9. Name and Address of Current Registered Agent

MAH, WEE H.  
3601, SWANN AVE.,  
SUITE 205  
TAMPA, FL 33629.

10. Name and Address of New Registered Agent

81 Name

NO CHANGE

82

Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent on the top left.

Printed Registered Agent signature required when registering.

DATE

4/23/1996

12. OFFICERS AND DIRECTORS

TITLE	P/D/M	<input type="checkbox"/> DELETE
NAME	MAH, WEE H.	
STREET ADDRESS	3601, SWANN AVE. #205	
CITY-ST-ZIP	TAMPA, FL 33609.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SAME (NO CHANGE)
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	400001857044
43 STREET ADDRESS	-06/10/96--01025--022
44 CITY-ST-ZIP	***25.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	500001857045
53 STREET ADDRESS	-06/10/96--01025--023
54 CITY-ST-ZIP	***200.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(MAH, WEE H.)

4/23/1996

Date

PHONE: (813) 874 1129  
FAX: (813) 874 1129

Daytime Phone

CR2E034 (12/95)