

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076187 (0)

1. Corporation Name

FIVE STAR ASSET MANAGEMENT, INC.



Principal Place of Business

Mailing Address

3200 N. MILITARY TRAIL, STE. 301
BOCA RATON FL 33431

3200 N. MILITARY TRAIL, STE. 301
BOCA RATON FL 33431

3. Date Incorporated or Qualified
09/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9750 NW 33 STREET

26 9750 NW 33 STREET

4. FEI Number
65-0625260

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 209

27 209

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 CORAL SPRINGS FL.

28 CORAL SPRINGS FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33065

25 USA

29 33065

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, DEBORAH
3200 N. MILITARY TRAIL, STE. 301
BOCA RATON FL 33431

81 Name

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

9750 NW 33 STREET

83 SUITE 209

84 City

CORAL SPRINGS FL.

FL

85 Zip Code

33065

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAVIS, DEBORAH
STREET ADDRESS 3200 N. MILITARY TRAIL, STE. 301
CITY - ST - ZIP BOCA RATON FL 33431

TITLE VD ☐ DELETE

NAME ELIMELECK, ROBERT S
STREET ADDRESS 3200 N. MILITARY TRAIL, STE. 301
CITY - ST - ZIP BOCA RATON FL 33431

TITLE STD ☐ DELETE

NAME ELIMELECK, MORTON
STREET ADDRESS 3200 N. MILITARY TRAIL, STE. 301
CITY - ST - ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

9750 NW 33 STREET, SUITE 209
CORAL SPRINGS, FL. 33065

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

9750 NW 33 STREET, SUITE 209
CORAL SPRINGS, FL. 33065

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

9750 NW 33 STREET, SUITE 209
CORAL SPRINGS, FL. 33065

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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

Date

Daytime Phone #

1/9/96 954-344-7700

CR2E034 (12/95)