


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

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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90135 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000083713			
1. Corporation Name STARMAN ENTERPRISES, INC.			
Principal Place of Business 6600 GREENBRIER DR SEMINOLE FL 33777 US		Mailing Address 6600 GREENBRIER DR SEMINOLE FL 33777 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent STARMAN, LOUIS 6600 GREENBRIER DR SEMINOLE FL 33777			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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 607.0505, Florida Statutes.			
SIGNATURE LOUIS F. STARMAN PRESIDENT 1-30-99 <small>Signature, typed or printed name of registered agent required when reinstating.</small> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
1.1 TITLE <input type="checkbox"/> DELETE			
1.2 NAME STARMAN, LOUIS F			
1.3 STREET ADDRESS 6600 GREENBRIER DR			
1.4 CITY-ST-ZIP SEMINOLE FL 33777			
2.1 TITLE <input type="checkbox"/> DELETE			
2.2 NAME STARMAN, LINDA K			
2.3 STREET ADDRESS 6600 GREENBRIER DR			
2.4 CITY-ST-ZIP SEMINOLE FL 33777			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME STARMAN, LAURA E			
3.3 STREET ADDRESS 6600 GREENBRIER DR			
3.4 CITY-ST-ZIP SEMINOLE FL 33777			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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, with all other like empowered.

SIGNATURE: **LOUIS F. STARMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)