

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000085330 (5)

1. Corporation Name

STARS AND STRIPES FOREVER, INC.



Principal Place of Business 108 COMMERCE STREET STE 105 LAKE MARY FL 32746	Mailing Address 108 COMMERCE STREET STE 105 LAKE MARY FL 32746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 675 Pasatiempo Point Suite, Apt. #, etc. 22 # 213 City & State 23 Lake Mary, FL Zip 24 32746		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Lake Mary, FL Zip 29 32746		3. Date Incorporated or Qualified 11/07/1995	
2. Principal Place of Business 21 675 Pasatiempo Point Suite, Apt. #, etc. 22 # 213 City & State 23 Lake Mary, FL Zip 24 32746		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Lake Mary, FL Zip 29 32746		4. FEI Number 59-3339557	
2. Principal Place of Business 21 675 Pasatiempo Point Suite, Apt. #, etc. 22 # 213 City & State 23 Lake Mary, FL Zip 24 32746		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Lake Mary, FL Zip 29 32746		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 675 Pasatiempo Point Suite, Apt. #, etc. 22 # 213 City & State 23 Lake Mary, FL Zip 24 32746		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Lake Mary, FL Zip 29 32746		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 675 Pasatiempo Point Suite, Apt. #, etc. 22 # 213 City & State 23 Lake Mary, FL Zip 24 32746		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Lake Mary, FL Zip 29 32746		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCNAMARA, ROBIN
208 WIMBLEDON CIR.
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name 82 McNamara, Robin 83 675 Pasatiempo Point # 213 84 City Lake Mary 85 Zip Code FL 32746

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 Robin McNamara ROBIN McNamara 4-23-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNAMARA, ROBIN 208 WIMBLEDON CIR. HEATHROW FL 32746 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Vice-President McNamara, Robin 675 Pasatiempo Point # 213 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE Robin McNamara ROBIN McNamara 4-23-98

CR2E034 (10/97)