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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600002714 (9)

STARPOST ENTERPRISES, INC.

Principal Place of Business Mailing Address 2807 N. 23RD AVENUE 2807 N. 23RD AVENUE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-1615 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-07063ZZ Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Žφ Zip Country This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HAGEN, KEVIN L Tanggla BROWN 3990 SHERIDAN ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 104 R3 HOLLYWOOD FL 33021 23AD Av*e*nue 84 330A0 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. *ひ*/スみ/タフ SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) PTVS DELETE Change Addition 1.1 TITLE THEF BROWN, TANGELA NAM 1.2 NAME 2807 N. 23RD AVENUE STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition TITLE 21 TITLE BROWN, TANGELA 22 NAME NAME 2807 N. 23RD AVENUE 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 2 4 CITY-ST-ZIP CHY-ST DELETE Change Addition 31 TITLE THLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIF DELETE 4.1 TITLE ☐ Change Addition mile 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY - \$1 - 71F Change DELETE ___ Addition TITLE 5.1 TITLE NAME: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST-ZIP DELETE Change ___ Addition THEE 61 TITLE NAME 62 NAME **63 STREET ADDRESS** STREET ADDRESS

6.4 CiTY+ST-ZIP

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

14. I do he city 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

SIGNATURE

appears in Block 12 or Block 13

FILED

Apr 30 1997 8:00am

Secretary of State