**PROFIT** CORPORATION ANNUAL REPORT

1999

STARPOST ENTERPRISES, INC.

1. Corporation Name



DOCUMENT # P96000002714

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address 2807 N. 23RD AVENUE 2807 N. 23RD AVENUE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/09/1996 4, FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0706322 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & 5 tate 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zio Country This corporation owes the current year Intangible Zip 1,2√√10 Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BROWN, TANGELA 82 Street Address (P.O. Bo) Number is Not Acceptable) 2807 N 23RD AVE HOLLYWOOD FL 33020 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stati tes, 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 primitiar with and accept the obligations of, Section 607.0505, Florida Statutes. PRESIDENT SIGNATUF:E tered Agent signature req iired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 TITLE Change TITLE PTVS BROWN, TANGELA 12 NAME NAME 2807 N. 23RD AVENUE 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE BROWN, TANGELA 2.2 NAME NAME 2807 N. 23RD AVENUE 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition 61 TITLE ☐ DELETE TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

14. I heret y certify that the informa ion 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 13 if changed, or en an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98