CORPORATION ANNUAL REPORT 1998       Image: constraints indicate 1. Machine Annual Acceptation Than Durison or corporations States Constraints States Constraints TARMERS CONSTRAINTS States Constraints States Constraints TARMERS CONSTRAINTS TARMERS CONSTRAINTS States Constraints TARMERS TO CONS		NOW: FILING FEE	AFTER MAY 1ST	IS \$550.00		LED	
ANNAL REPORT 1998  DUISION OF COMPARITION  Corporations  DOCUMENT # P960000186550 (7) STARWESS CORPORATION  IntegraPediate of Business  Set & Contaction of States  DO NOT WRITE IN THIS SPACE  I DO NOT WRITE IN THIS S	ANNUAL REPORT		+			Apr 14 1998 8:00am	
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STARWEBS CORPORATION  Incipal Place of Burnes  Waing Address  SKS W COMERCIAL BUD  SKS W COMERCIAL BUD  SKS W COMERCIAL BUD  TAMARAC FL 3319			DIVISION OF	CORPORATIONS	_ Scuttary of State		
Mailing Address     Mailing Address       Mailing Address     Down Comparison of Damages       Markack PL 33119     TAMARAC PL 33119       Markack PL 33119     Tamare and Address of Status Desired       Chry & Statu     Chry & Statu       Chry & Statu     Chry & Statu       Status     Chry & Statu       Chry & Statu     Chry & Statu       Chry & Statu     Chry & Statu       Status     Chry & Statu       Chry & Statu     Chry & Statu       Status     Chry & Statu       Chry & Statu     Status       Chry & Statu     Status       Chry & Statu     Status       Status     Chry & Status       Chry & Status     Status       Status     Status       Chry & Status     Status       Chry & Status     Status       The Markack PL Status     Status       Status     Chry Markack PL Status       Status     Chry Markack PL Status       Status     Chry Markack PL			0018650 (7)				
S00 AMARAC FL SS19     200 AMARAC FL SS19     DO NOT WRITE IN THIS SPACE       Principal Place of Business     24. Maling Address     4. FEI Names     Applied For O2/28/1936       Stite, Apl #, etc.     27.     28. Control     28. Control     28. Control       Stite, Apl #, etc.     27.     28. Control     28. Control     28. Control       Zop     20.     Country     29.     20.     Country     20.       Zop     28. Control     29.     20.     Country     29.     20.       Suite Appl. #, etc.     29.     20.     Country     29.     20.       Zop     28.     29.     20.     Country     29.     20.       Suite Appl. #, etc.     20.     Country     20.     20.     Principal Plane of Business of Bogintered Agent       CARRTANO, ALAN J     28.     29.     20.     Principal Plane of Business of Bogintered Agent     20.       Suite Appl. #, etc.     28.     29.     20.     Principal Plane of Business of Bogintered Agent     20.       TAMARAC FL 33319     10.     Name and Address of Non Plane of Country Big Blane Agent     10.     Name and Address of Non Plane of Data Saturace       Suite Appl. # Country     28.     29.     20.     Country     10.       Suite Appl. # Country     29.<	•		•	01.40			
B. Date Proprior Qualified     Quality     Principal Place of Business     Principal Place of Busines     Principal Place of Busi	200		200	BLAD			
Principal Place of Business         2a.         Maing Address         4. FEt Kimber         Applied For Strick Apt #, etc           Suite, Apt #, etc         Suite, Apt #, etc         Suite, Apt #, etc         No. Applicable         Applicable         Applicable         No. Applicable         No. Applicable         No. Applicable         No. Applicable	TAMARAG FL	. 33319	1AMAHAG FL 33319		3. Date Incorporated or Qualified	E IN THIS SPACE	
April         April         State         April         State         April         Appil         Appil <th< td=""><th>Principal P</th><td>Place of Business</td><td>2a. Mailung Address</td><td>·····</td><td></td><td></td><td>Annlied For</td></th<>	Principal P	Place of Business	2a. Mailung Address	·····			Annlied For
City & State       C. Certificate of Status Desired       Per Required         City & State       City & State       E. Certificate of Status Desired       Per Required         Zip       Zip       Country       8. The comparison ones or has paid the current year Intemplate         AddRet TANO, ALA J       Signer       8. The comparison ones or has paid the current year Intemplate         State       Signer       10. Renne and Address of Current Registered Agent       10. Renne and Address of Levrent Registered Agent         GARRETANO, ALA J       BeSS W. COMMERCIAL BLVD       Signer       10. Renne and Address of Levrent Registered Agent         State Zoo       TAMARAC FL 33319       81       Street Address (P.O. Box Number is Not Acceptable)         Signer       Signer Address (P.O. Box Number is Not Acceptable)       10. Renne and Address of Levrent Signer of Englistered Agent         Signer       Total Provisions of Signer of Englistered Agent, or ISA's In the Signer of Englistered Agent, or ISA's In the Signer of Englistered Agent agent and mains why and accept the obligation of Signer of Address (P.O. Box Number is Not Acceptable)         Signer       Signer Address (P.O. Box Number is Not Acceptable)       10. Renne and Address of Current Registered Agent address (P.O. Box Number is Not Acceptable)         Signer       Signer Address (P.O. Box Number is Not Acceptable)       10. Renne and Address (P.O. Box Number is Not Acceptable)         Signer       Col	]		26				Not Applicable
Inty & State       City & State       6. Exector Comparison Francing       \$5.00 have be Added to Contribution       Added to Fees         Zp       Zp       Zp       Country       B. This corporation convexions of hear health in current year himmapible Personal Property Tax due Juns 20.       Image: Country Tax due Juns 20.       Added to Fees         Applied State       30       Country       B. This corporation cover or has paid thin current year himmapible Personal Property Tax due Juns 20.       Image: City & State       Im	Suite, Apt.	#, etc.			5. Certificate of Status Desired		
B     20     30     Personal Property Tax due June 30     Yes     No       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       GARRTANO, ALAN J     6635 W. COMMERCIAL BLVD     10. Name and Address of New Registered Agent     10. Name       SUTE 200     TAMARAC FL 33319     64     City     FL     85       64     City     FL     86     Zip Code       69     Surger Address (P.O. Box Number is Not Acceptable)     63       64     City     FL     86       65     W. COMMERCIAL BLVD     Scith Florida Statutes     Florida Statutes     Florida Statutes       69     Surger Address (P.O. Box Number is Not Acceptable)     64     City     FL       69     The Surger Address of Number is Not Acceptable)     64     City     FL       70     Surger Address of Number is Not Acceptable)     64     City     FL       80     Surger Address of Number is Not Acceptable)     84     City     FL       80     Surger Address of Number is Not Acceptable)     84     City     FL       81     Number Address of Number is Not Acceptable)     84     City     FL       82     Surger Address of Number is Not Acceptable)     Surger Address of Address of Numbe			City & State		Trust Fund Contribution	Adde	d to Fees
GARRITANO, ALAN J BSS W. COMMERCIAL BLVD SUTE 200 TAMARAC FL 33319               P1 Name          80       BV. COMMERCIAL BLVD SUTE 200 TAMARAC FL 33319              Street Address (P.O. Box Number is Not Acceptable)          81       B2       Street Address (P.O. Box Number is Not Acceptable)          82       Street Address (P.O. Box Number is Not Acceptable)          83              P4       Differeor registered agent, or balk in the State of Hordit Static change was authorsed by the corporation band of directors. Thereby accept the appointment as registered agent, or balk in the State of Hordit Static change was authorsed by the corporation band of directors. Thereby accept the appointment as registered agent, or balk in the State of Hordit Static Change was authorsed by the corporation band of directors. Thereby accept the appointment as registered agent, or balk in the State of Hordit Static Change was authorsed by the corporation band of directors. Thereby accept the appointment as registered agent, or balk in the State of Hordit Static Change was authorsed by the corporation band of directors. Thereby accept the appointment as registered agent, or balk in the State of Hordit Static Change was authorsed by the corporation band of directors. Thereby accept the appointment as registered agent, or balk in the State of Hordit Static Change was authorsed by the corporation band of directors. Thereby accept the appointment as registered agent, or balk in the State of Hordit Static Change was authorsed by the corporation band of directors. Thereby accept the appointment as registered agent, or balk in the State of Hordit Static Change was authorsed by the corporation band of directors. Thereby accept the band of there of there of there of there of	2ıp ]	25	29				
BOACH TANDO, JANN 3     SUTTE 200     TAMARAC FL 33319      B2     Street Address (P.O. Box Number is Not Acceptable)     SUTTE 200     TAMARAC FL 33319      B2     Street Address (P.O. Box Number is Not Acceptable)     B3     B4     Ory     FL     S     Zip Code     Code     Sutter 200     TAMARAC FL 33319      B2     Street Address (P.O. Box Number is Not Acceptable)     Sutter 200     TAMARAC FL 33319      B2     Street Address (P.O. Box Number is Not Acceptable)     S			ent Registered Agent	B1 Name	10. Name and Address of New R	egistered Agent	
	66: SU	35 W. COMMERCIAL BLVD ITE 200			dress (P.O. Box Number is Not Accepta	ble)	
The Unit of the provisions of Socions 607 0502 and 607 1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. or the above-named accept the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. and field accept the chighadow of accept the chighadow	10			84 City		[85 Zi	p Code
IGNATURE  Portex types to protect and a start of the application  Child Correst of the start of the application  Child Correst of the start of the start of the application  Child Correst of the start of the start of the start of the application  Child Correst of the start of th							
2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         TLE       PD       DELETE       1.1 TITLE       Change       Addition         Wet       GARRITANO, ALAN J       12 NAME       13 SINET ADDRESS       Addition       Change       Addition         Tr.St-zip       BOCA RATON FL 33498-6765       14 CITY-ST-Zip       Change       Addition         NME       DELETE       21 NTLE       Change       Addition         ME       DELETE       21 NTLE       Change       Addition         ME       DELETE       21 NTLE       Change       Addition         ME       24 OTY-ST-ZiP       24 OTY-ST-ZiP       Change       Addition         NE       23 SINET ADDRESS       33 SINET ADDRESS       Change       Addition         Th: ST-ZiP       24 OTY-ST-ZiP       Change       Addition         ME       33 SINET ADDRESS       33 SINET ADDRESS       Change       Addition         Th: ST-ZiP       34 OTY-ST-ZiP       Change       Addition       Addition         ME For ADDRESS       33 SINET ADDRESS       Change       Addition         Th: ST-ZiP       DELETE       SI THE       Change       Addition         NEET	1. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for the		its registered
MRE       GARRITANO, ALAN J       12 NAME         INEET ADDRESS       10501 LAKE VISTA CIRCLE       13 STRET ADDRESS         DY: ST: 2P       0 CLARE VISTA CIRCLE       12 NAME         INE       0 DELETE       21 TITLE         VME       2.3 STRET ADDRESS       14 CITY: ST: 2P         INE       0 DELETE       2.1 TITLE         VME       2.3 STRET ADDRESS       1.2 NAME         INE CONSTRUCTION PL 33498-6785       1.4 CITY: ST: 2P         INE       2.4 CITY: ST: 2P       Change         INE CONSTRUCTION       2.3 STRET ADDRESS         INT: ST: 2P       2.4 CITY: ST: 2P         INE       3.3 STRET ADDRESS         INT: ST: 2P       Change         INE       3.3 STRET ADDRESS         INT: ST: 2P       Change         INE       3.3 STRET ADDRESS         INT: ST: 2P       Change         INE       0 DELETE         INT: ST: 2P       Change         INE       0 DELETE         INT: ST: 2P       Change         INE       0 DELETE         ST: ST: 2P       Change         INE       0 DELETE         ST: ST: 2P       Change         INE       0 DELETE						purpose of changing pt the appointment	its registered as registered
NEET ADDRESS     10501 LAKE VISTA CIRCLE     1.3 STREET ADDRESS       DYST-2IP     DELETE     1.4 CITY-ST-2IP       Itte     DELETE     2.1 Titte       WE     2.2 MANE       2.3 STREET ADDRESS     2.4 CITY-ST-2IP       Itte     3.5 STREET ADDRESS       Itte     2.4 CITY-ST-2IP       Itte     3.5 STREET ADDRESS       Itte     3.5 STREET ADDRESS       Itte     3.5 STREET ADDRESS       Itte     1.5 Change       Addition     3.5 STREET ADDRESS       Itte     1.5 Change       Itte	IGNATURE	Signature, typed or printed name of registered a OFFICE RS AI	gest and tille if applicable (NC	ITE Registered Agent signature requ	uired when reinstating)	purpose of changing pt the appointment a	·····
LE       DELETE       21 TirLE       Change       Addition         ME       22 NAME       23 STREET ADDRESS           Vr.ST-2IP       2.4 C(IY)-ST-2IP            LE       DELETE       31 TIFLE        Change       Addition         ME       32 NAME         Change       Addition         ME       32 NAME          Change       Addition         ME        DELETE       31 TIFLE             ME                   ME	GNATURE 2. LE	Signature, typed or printed name of registered a OFFICERS AT	ord and tille if applicable (NC ND DIRECTORS	DTE Registered Agent signature required agent	uired when reinstating)	DATE	DRS IN 12
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Y-S1-ZIP       5.4 CITY-ST-ZIP         LE       DELETE         ME       6.1 TITLE         ME       6.2 NAME         6.3 STREET ADDRESS         (Y-S1-ZIP         L 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	GNATURE  C.  C.  C.  C.  C.  C.  C.  C.  C.  C	Signature, typed or printed name of registered a OFFICERS AT D GARRITANO, ALAN J 10501 LAKE VISTA CHRCLE	OF VE end TEME IL applicable (NC) NC) EDIFFE CTORS	TE       Ropistered Agent signsture required         13.       1.1 TITLE         12.NAME       1.3 STREET ADDRESS         1.4 CITY-ST-ZIP       2.1 TITLE         2.3 STREET ADDRESS       2.4 CITY-ST-ZIP         3.1 TITLE       3.2 STREET ADDRESS         2.4 CITY-ST-ZIP       3.1 TITLE         3.1 STREET ADDRESS       3.4 CITY-ST-ZIP         3.1 TITLE       3.2 NAME         3.3 STREET ADDRESS       3.4 CITY-ST-ZIP         4.1 TITLE       4.1 STREET ADDRESS         4.2 CITY-ST-ZIP       4.1 TITLE         4.3 STREET ADDRESS       4.4 CITY-ST-ZIP	uired when reinstating)	purpose of changing pt the appointment a <u>DATE</u> CERS AND DIRECT( Change Change Change	PRS IN 12 Addition
LE DELETE 6.1 TITLE Change Addition ME 62 NAME REET ADDRESS TY-ST-ZIP L 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	GNATURE GNATURE 2	Signature, typed or printed name of registered a OFFICERS AT D GARRITANO, ALAN J 10501 LAKE VISTA CHRCLE	OF VE end TEME IL applicable (NC) NC) EDIFFE CTORS	TE       Ropistered Agent signature required         13.       1.1 TITLE         12 NAME       1.3 STREET ADDRESS         1.4 CITY-ST-ZIP       2.1 TITLE         2.1 TITLE       2.2 NAME         2.3 STREET ADDRESS       2.4 CITY-ST-ZIP         3.1 TITLE       3.2 NAME         3.3 STREET ADDRESS       2.4 CITY-ST-ZIP         3.1 TITLE       3.2 NAME         3.3 STREET ADDRESS       3.4 CITY-ST-ZIP         4.1 TITLE       4.2 NAME         4.3 STREET ADDRESS       3.4 CITY-ST-ZIP         4.1 TITLE       4.3 STREET ADDRESS         4.2 CITY-ST-ZIP       5.1 TITLE	uired when reinstating)	purpose of changing pt the appointment a <u>DATE</u> CERS AND DIRECT( Change Change Change	PRS IN 12 Addition
ME 62 NAME 62 NAME 63 STREET ADDRESS [Y+ST-ZIP] L hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	GNATURE  CLE  CLE  CLE  CLE  CLE  CLE  CLE  C	Signature, typed or printed name of registered a OFFICERS AT D GARRITANO, ALAN J 10501 LAKE VISTA CHRCLE	OF VE end TEME IL applicable (NC) NC) EDIFFE CTORS	TE       Ropistered Agent signature required         13.       1.1 TITLE         12.NAME       1.3 STREET ADDRESS         1.4 CITY-ST-ZIP       2.1 TITLE         2.9 NAME       2.3 STREET ADDRESS         2.4 CITY-ST-ZIP       3.1 TITLE         3.2 NAME       3.3 STREET ADDRESS         2.4 CITY-ST-ZIP       3.1 TITLE         3.2 NAME       3.3 STREET ADDRESS         3.4 CITY-ST-ZIP       4.1 TITLE         4.1 STREET ADDRESS       3.4. CITY-ST-ZIP         4.1 TITLE       4.2 NAME         4.3 STREET ADDRESS       4.4 CITY-ST-ZIP         5.1 TITLE       5.2 NAME	uired when reinstating)	purpose of changing pt the appointment a <u>DATE</u> CERS AND DIRECT( Change Change Change	DRS IN 12 Addition
TY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP	IGNATURE	Signature, typed or printed name of registered a OFFICERS AT DARRITANO, ALAN J 10501 LAKE VISTA CHRCLE	OF VE end TEME IL applicable (NO NO EDIRE CTORS DELETE  BS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	TE       Ropistered Agent signature required         13.       1.1 TITLE         12 NAME       1.3 STREET ADDRESS         1.4 CITY-ST-ZIP       2.1 TITLE         2.3 STREET ADDRESS       2.4 CITY-ST-ZIP         3.1 TITLE       3.2 NAME         3.3 STREET ADDRESS       2.4 CITY-ST-ZIP         3.1 TITLE       3.2 NAME         3.3 STREET ADDRESS       3.4 CITY-ST-ZIP         4.1 TITLE       4.2 NAME         3.3 STREET ADDRESS       3.4 CITY-ST-ZIP         4.1 TITLE       4.2 NAME         4.3 STREET ADDRESS       4.4 CITY-ST-ZIP         5.1 TITLE       5.2 NAME         5.3 STREET ADDRESS       5.4 CITY-ST-ZIP	uired when reinstating)	purpose of changing pare CERS AND DIRECT CERS AND DIRECT Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition Addition Addition
L hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certily that the information	IGNATURE           2.           TLE           IREET ADDRESS           TY-ST-ZIP           TLE           IME           REET ADDRESS           TY-ST-ZIP           TLE           IME           IREET ADDRESS           TY-ST-ZIP           TLE           IME           IREET ADDRESS           TY-ST-ZIP           TLE           IME           REET ADDRESS           TY-ST-ZIP           TLE           IME           REET ADDRESS           TY-ST-ZIP           TLE           ILE           IME           REET ADDRESS           TY-ST-ZIP           TLE	Signature, typed or printed name of registered a OFFICERS AT DARRITANO, ALAN J 10501 LAKE VISTA CHRCLE	OF VE end TEME IL applicable (NO NO EDIRE CTORS DELETE  BS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	TE       Ropistered Agent signature required         13.       1.1 TITLE         12 NAME       1.3 STREET ADDRESS         1.4 CITY-ST-ZIP       2.1 TITLE         2.2 NAME       2.3 STREET ADDRESS         2.4 CITY-ST-ZIP       3.1 TITLE         3.2 NAME       3.3 STREET ADDRESS         2.4 CITY-ST-ZIP       3.1 TITLE         3.2 NAME       3.3 STREET ADDRESS         3.4 CITY-ST-ZIP       4.1 TITLE         4.1 STREET ADDRESS       4.4 CITY-ST-ZIP         5.1 TITLE       5.2 NAME         5.3 STREET ADDRESS       4.4 CITY-ST-ZIP         5.1 TITLE       5.2 NAME         5.3 STREET ADDRESS       5.4 CITY-ST-ZIP         5.1 TITLE       5.2 NAME         5.3 STREET ADDRESS       5.4 CITY-ST-ZIP         5.1 TITLE       5.1 TITLE         5.3 STREET ADDRESS       5.4 CITY-ST-ZIP         6.1 TITLE       5.1 TITLE	uired when reinstating)	purpose of changing pare CERS AND DIRECT CERS AND DIRECT Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition Addition Addition
	Pursuant office or n agent. 1 a SIGNATURE     2.     2.     TILE     AME     TREET ADDRESS ITY-ST-2IP     TILE     AME     TREET ADDRESS     TTY-ST-2IP     TILE     AME     TREET ADDRESS	Signature, typed or printed name of registered a OFFICERS AT DARRITANO, ALAN J 10501 LAKE VISTA CHRCLE	OF VE end TEME IL applicable (NO NO EDIRE CTORS DELETE  BS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	TE       Rogistered Agent signature required         13.       1.1 TITLE         12 NAME       1.3 STREET ADDRESS         1.4 CITY-ST-ZIP       2.1 TITLE         2.2 NAME       2.3 STREET ADDRESS         2.4 CITY-ST-ZIP       3.1 TITLE         3.2 NAME       3.3 STREET ADDRESS         2.4 CITY-ST-ZIP       3.1 TITLE         3.2 NAME       3.3 STREET ADDRESS         3.4 CITY-ST-ZIP       4.1 TITLE         4.1 STREET ADDRESS       4.2 CITY-ST-ZIP         4.1 TITLE       4.3 STREET ADDRESS         4.4 CITY-ST-ZIP       5.1 TITLE         5.2 NAME       5.3 STREET ADDRESS         4.4 CITY-ST-ZIP       5.1 TITLE         5.2 NAME       5.3 STREET ADDRESS         5.4 CITY-ST-ZIP       6.1 TITLE         6.1 TITLE       6.2 NAME	uired when reinstaling)	purpose of changing pare CERS AND DIRECT CERS AND DIRECT Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition Addition