FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90079 034 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000033935

1. Corporation FOUR S	TAR WORLDWIDE SERVICE	S, INC.					ALLUMAY A				
Principal Place	of Business	Mailing Address					\$ I U	<b>                                    </b>		<b>uu</b> 111 <b>80</b> 1221 <b>u</b> 14	
3500 PARK CEN		3500 PARK CENTRAL BLVD. N. POMPANO BEACH FL 33(164									
POMPANO BEA	CH FL 33064						DO NOT WRITE IN THIS SPACE				
							2 Date for	corporated or Qualife		3 3 ACL	
							04/18	/1996			
2. Principal Pi	ace of Business	2a. Mailing Address					4. FEI Number			1 1 -	Apr lied For
21		26				65-0665184				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			****	5 A iditional	
22		27									Required
City & State	9	City & State				1 •		Campaign Financing	, $\square$	•	10 May Be
23		28						und Contribution			ed to Fees
Zip	Couritry	Zip	_	intry		1	8. This cerporation owes the current year Intangible  Personal Property Tax  ☐ Yes ☐ No				
24	25 29 29 9. Name and Address of Current Registered Agent			30			Personal Property Tax.  10. Name and Address of New Registered Agr				
	9. Name and Address of Curren	n Registered Agent		81	Name		U. Ivallie a	and Address of New	Kedister	a Agent	
KAY	E & ROGER, P.A.			"	Name						
	N.W. 6TH WAY			82 Street Adds			(P.O. Bo)	Number is Not Accep	table)		
SUITE 103				83							
FY, LAUDERDALE FL 33309				83							
	AODENDACE I E 00000			84	City					85 Z	ip Code
									<b>_</b>		
office or re	to the provisions of Sections 607.0503 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was	authorized	3 by	the corpo	orporation's	board of di	irectors. I hereby acc	e purpose of ept the app	ointment as	registered
SIGNATURE	Signature, typed or printed name of registered agen	r and title if applicable. (NO	1E: Registered	Agen	t signature re	req rired whe	n reinstating)		DATE		
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIO	NS/CHANGES TO O	FFICERS ?		
TITLE	,	P DELETE								Chang	ge
NAME	PORES, TODD		1.2 N	1.2 NAME							
STREET ADDRESS	3500 PARK CENTRAL BLVD. NO.			1.3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL 33064		1.4 CI	TY-ST	T-ZIP						
TITLE	T □ DELETE			2.1 TITLE						Chang	ge 🔲 Addition
NAME	NATALE, JR, JOHN R			2.2 NAME							
STREET ADDRESS	3500 PARK CENTRAL BLVD. NO.		2.3 \$	2.3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL 33064		2,40	2. 4 CITY- \$T-ZIP							. ]
TITLE	VP DELETE			3.1 TITLE						☐ Chang	ge 🔲 Addition
NAME	ALLEN, DANIEL		3 2 N	AME							
STREET ADDRESS	3500 PARK CENTRAL BLVD. NO.		3.3 S	3.3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL 33064		3.4. C	3.4. CITY- ST- ZIP							
TITLE	S DELETE			4.1 TITLE						Chang	ge Addition
NAME	LARATRO, TOM		4.2 N	AME							
STREET ADDRESS 3500 PARK CENTRAL BLVD. NO.				4 3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL 33064			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TI			† · · · · ·				Chang	ge Addition
NAME		_	52 N								

14. I herely certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 attactionent with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRLSS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition