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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P96000034067 (4) DOCUMENT

SOUTHERN STAR ARABIANS, INC. Principal Place of Business Mailing Address 530 OCEAN DRIVE #701 530 OCEAN DRIVE #701 JUNO BEACH FL 33408 JUNO BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 65-0663457 Suite, Apl. #, elc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MESSLER, THOMAS J 530 OCEAN DRIVE #701 Street Address (P.O. Box Number is Not Acceptable) JUNO BEACH FL 33408 83

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

(NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELLTE 1.1 TITLE ___ Change Addition THILE MESSLER, THOMAS J NAME 1.2 NAME 530 OCEAN DRIVE #701 1.3 STREET ADDRESS STREET ADDRESS JUNO BEACH FL 33408 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 1111.6 MESSLER, JOAN NAME 2.2 NAME STREET ADDRESS 530 OCEAN DRIVE #701 2.3 STREET ADORESS JUNO BEACH FL 33408 CITY-ST-ZIP 2.4 CITY-ST-ZIP DECETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS **33 STREET ADDRESS** 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition TiTLE 5.1 1111 F NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 5.4 City-St-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS CITY-ST-7IP

14. Thereby certify that the information supplied with this tiling 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 suppliemental / moral 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 chapter, or on an although the receiver with an address.

SIGNATURE:

4/1/98

FILED

Apr 07 1998 8:00am

Secretary of State

Applied For

85 Zip Code

Not Applicable