EILE 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

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90059 035 ***150.00

DOCUMENT#	P96000036804
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1. Corporation Name

STARBRITE DETAILING, INC.										n nei 21 121:1 2	
Dr.	nainal Place	of Rusiness	Mailing Address 1				\dashv	(A BYING ANGEL BU	ERRY BLEEF FORES
i											
	C/O RICHARD HOFF 13644 STATE RPAD 84 LAUDERHILL FL 33319										
	DAVIE FL 33325							DO NOT WRITE IN	N THIS SPACE		
							3.	Date Incorporated or Qualifed 04/29/1996			
2.	Principal Place of Business 2a. Mailing Address				4.			FEI Number		App	lied For
21		26						<u>65-0682306</u>		Not	Applicable
	Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.					5	Certifcate of Status Desired		\$8.75 A	
22	,- <u>a</u> -	<u> </u>	27					<u> </u>	·	Fee Req	
Щ	City & State	• • • • • • • • • • • • • • • • • • • •	City & State				6.	Election Campaign Financing		\$5.00 N	
23			28	0.				Trust Fund Contribution		Added to	rees
L,	Zip	Country	Zip	Cour	шy		8.	This corporation owes the current ye		□No	
24		9. Name and Address of Current		30			10	Personal Property Tax. Name and Address of New Regist			
_		9. Name and Address of Current	Registered Agent		81	Name	10.	Name and Addition of the tropic	0.00718		
	HOFI	F, RICHARD		Ļ	_			· · · · · · · · · · · · · · · · · · ·			
		4 STATE ROAD 84		ļ	82	Street Ad	idress (F	P.O. Box Number is Not Acceptable)			
Ì	DAVIE FL 33325			1	83						
		•		į							
				Į	84	City	FL 85 Zip Code				
11.\ Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the air							rporatio	n submits this statement for the purpo	se of ch	anging its r	egistered
office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State						the comora	ation's bo	oard of directors. I hereby accept the	appointn	nent as reg	istered
		m familiar with, and accept the obligati	ions of, Section 667.0505, Flori	ida Statu	1163.	•					
SI	GNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agen	nt signature requ	uired when r	reinstating) DA	TE		
12		OFFICERS ANI		13.				ADDITIONS/CHANGES TO OFFICER			
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14. I 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 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 attachment with an address, with all other like empty ared.

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 ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Addition

☐ Change