

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

FILED

May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040248 (2)

1. Corporation Name
FIVE STAR GROUP, INC.

Principal Place of Business

~~2071 SW 70TH AVE G-10~~
~~DAVIE FL 33317~~

Mailing Address

~~2071 SW 70TH AVE G-10~~
~~DAVIE FL 33317-7047~~



3. Date Incorporated or Qualified
05/06/1996

3a. Date of Last Report

2. Principal Place of Business
21 2081 SW 70 Ave H-15

2a. Mailing Address
26 PO Box 290367

4. FEI Number
65-0673716

Applied For
Not Applicable

Suite, Apt #, etc.
22 H-15

Suite, Apt #, etc.
27

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

City & State
23 Davie FL

City & State
28 Davie FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33317 25 USA

Zip Country
29 33329-0367 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LONDON, PHILIP~~
~~90 SW 81ST AVE #200~~
~~PLANTATION FL 33324~~

81 Name Steven A. Feinman, Esq
82 Street Address (P.O. Box Number is Not Acceptable)
83 8352 State Road 84
84 City Davie FL 85 Zip Code 33324

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/6/97
DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LONDON, PHILIP
STREET ADDRESS	90 SW 81ST AVE #200
CITY - ST - ZIP	PLANTATION FL 33324
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Saifman, Heather P
1.3 STREET ADDRESS	2081 SW 70 Ave H-15
1.4 CITY - ST - ZIP	Davie FL 33317
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	London, Kellie
2.3 STREET ADDRESS	2081 SW 70 Ave H-15
2.4 CITY - ST - ZIP	Davie FL 33317
3.1 TITLE	Sec/Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Berman, Amy
3.3 STREET ADDRESS	2081 SW 70 Ave H-15
3.4 CITY - ST - ZIP	Davie FL 33317
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Heather P. Saifman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)