

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000041144 (2)

1. Corporation Name

GOLD STAR FUNDING, INC.

Principal Place of Business

8624 BOYSENBERRY DRIVE  
TAMPA FL 33635

Mailing Address

8624 BOYSENBERRY DRIVE  
TAMPA FL 33635

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 11266 W. Hillsborough Av

27 Suite, Apt. #, etc.

27 Ste #257

28 City & State

28 Tampa, FL

29 Zip

29 33635

30 Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

05/14/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3379340

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

500002446215--7

84 City

03/03/98 01103-017

\*\*\*\*908.75L \*\*\*\*908.75

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, and hereby certifies that such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of Section 607.0503, Florida Statutes, and I am a resident of the State of Florida.

SIGNATURE By:

Signature typed in Block 12 or 13, as applicable.

Natalia Utrera, Vice-President

2/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS PETTOFREZZO, STEVEN A  
CITY-ST-ZIP 8624 BOYSENBERRY DRIVE  
TAMPA FL 33635

TITLE ☐ DELETE

NAME STD  
STREET ADDRESS PETTOFREZZO, SUSAN K  
CITY-ST-ZIP 8624 BOYSENBERRY DRIVE  
TAMPA FL 33635

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

REQUIRED

1-14-98

813-855-8877

FILED

98 MAR -2 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

CR2E034 (4/97)