PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000043602**

1. Corporation Name

FIVE STAR CUSTOM BUILDERS, INC.

Principal Place of Business Mailing Address						11 01000 11(10 0t)	17 55110 1101 1001
11140 S DIXIE HIGHWAY 11140 S DIXIE HIGHWA							
HOBE SOUND FL 33455 HOBE SOUND FL 33455					DO NOT WRITE IN TH	IS SPACE	
us , us					3. Date Incorporated or Qualifed		
					05/16/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	- Α	Applied For
21		26			65-0469337	N N	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	\$8.75	Additional
22		27		5. Certificate of Status Desired	Fee R	Required	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		_,
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
DEDI	TONE, VIC		81	ivame			
	P SE MARINA BAY DR		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		}
HOBE SOUND FL 33455			83				
1100	E 000110 1 E 00400	è	83				,
	•		84	City	F	L 85 Zip	Code
agent. I a	m familiar with, and accept the obligation	and title if applicable. (NOTE: Reg	Statutes	t signature required	on's board of directors. I hereby accept the app d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	P OLARY OLINIT	C) bereig	1.2 NAME				
NAME	CLARK, CLINT		1.3 STREET ADDRESS				Í
STREET ADDRESS	11140 DIXIE HIGHWAY		1.4 CITY-ST-ZIP				
CITY-ST-ZIP	HOBE SOUND FL VP	□ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP		Change	e
TITLE		C) DELETE	2.2 NAME			C	_
NAME	TELLIONE, NO		2.3 STREET	T ADDDECC			
STREET ADDRESS			2.4 CITY-S				
CITY-ST-ZIP TITLE			3.1 TITLE	01-217		☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			}
CITY-ST-ZIP	HOBE SOUND FL		3.4. CITY-S				
TITLE			4.1 TITLE	,, =		☐ Change	e Addition
NAME	PEPITONE, BERNADETTE		4.2 NAME				
STREET ADDRESS	AAMA AE AAABBAA BAU BBUE		i	TADDRESS			!
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-S				j
TITLE		DELETE 5.11		· ·		Change	e Addition
NAME	•	_	5.2 NAME				· ·
STREET ADDRESS			5.3 STREE	TADDRESS			-
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	e
NAME			6.2 NAME				

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 suppliemental 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 empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90023 014 ***150.00