Applied For Not Applicable \$8:75-Additional=

Fee Required

\$5.00 May Be

Added to Fees

X Yes

□No

FILE 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

DOCUMENT # P9600052018

1. Corporation Name

TIMING STAR, INC.

THURS STAR, INC.				
Principal Place of Business	Mailing Address	DO NOT WRITE IN THIS SPAC		
11401 PINES BLVD. #512 PEMBROKE PINES FL 33026	11401 PINES BLVD. #512 PEMBROKE PINES FL 33026			
		3. Date Incorporated or Qualifed 06/17/1996		
Principal Place of Business 1	2a. Mailing Address	4. FEI Number 65-0675799		
Suite, Apt. #, etc	Suite, Apt. #, etc	5. Certificate of Status Desired 5.		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution Ad		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. X Yes		
9. Name and Address of C		10. Name and Address of New Registered Agent		

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90107 034 ***150.00



Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	VANH, DIEU 11401 PINES BLVD. #512 PEMBROKE PINES FL 33026			81 82 83	Street Address (P.O. Box Number is Not Acceptable)			
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 and manual for opinion of registered agent and title of applicable. Signature, typed or printed name of registered agent and title of applicable. (NOTE Registered Agent signature required when reinstating) DATE					,		. ``	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	office or re	egistered agent, or both, in the State of Florida	i. Such change was aut	horized by	the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appoint	changing its ntment as re	s registered egistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE		_					
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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	14 I horoby o	certify that the information supplied with this fili	ng does not qualify for t	he exempti	on state	ed in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the	information

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 Block 12 or Block 13 if changed, or on an attachylept with an address, with all other like empowered.

SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #