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Mar 20 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 # P96000067627 (5)

1. Corporation Name
FIVE STAR FINANCIAL GROUP, INC.



Principal Place of Business
2650 NE 52ND STREET
LIGHTHOUSE PT FL 33064-7052

Mailing Address
2650 NE 52ND STREET
LIGHTHOUSE PT FL 33064-7052

3. Date Incorporated or Qualified 08/12/1996	3a. Date of Last Report
4. FEI Number 65 0682143	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. 6431 NW 58TH Ter	26. 6431 58TH Ter
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Parkland FL	28. City & State Parkland FL
24. Zip 33067	29. Zip 33067
25. Country	30. Country

9. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN G
2650 NE 52ND STREET
LIGHTHOUSE PT FL 33064-7052

10. Name and Address of New Registered Agent

81. Name Perez, Peter A.	85. Zip Code 33067
82. Street Address (P.O. Box Number is Not Acceptable) 6431 NW 58TH Terr. CC	
83. City Parkland FL	

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 of Registered Agent or Officer and Director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

x 3/5/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, PETER A	1.2 NAME	
STREET ADDRESS	6431 NW 58TH TERRACE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PARKLAND FL 33067	1.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter A. Perez x 3/5/97

Daytime Phone #

CR2E034 (9/96)