

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90045 033 \*\*\*158.75

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DOCUMENT # P96000069476

1. Corporation Name  
STARBURN, INC.

Principal Place of Business  
275 E OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33334

Mailing Address  
275 E OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1996

4. FEI Number  
65-0690135

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 BURNETT, SANDRA

Suite, Apt. #, etc.

22 2122 NW 63 AVE

City & State

23 MARGATE FL.

Zip

24 33063

Country

2a. Mailing Address

26 BURNETT, SANDRA

Suite, Apt. #, etc.

27 2122 NW 63 AVE

City & State

28 MARGATE FL.

Zip

29 33063

Country

9. Name and Address of Current Registered Agent

BLOCK, MICHAEL  
275 E OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name

BURNETT, SANDRA

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

2122 NW 63 AVE

83

84 City

MARGATE

FL

85 Zip Code

33063

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 607.0506, Florida Statutes.

SIGNATURE

*Sandra Burnett*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME BLOCK, MICHAEL  
STREET ADDRESS 275 E OAKLAND PARK BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE PDST ☐ DELETE

NAME BURNETT, SANDRA  
STREET ADDRESS 3459 SW 59 AV  
CITY-ST-ZIP DAVIE FL 33314

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 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, with all other like empowered.

SIGNATURE:

*Sandra Burnett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)