


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90157 001 ***163.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000073400**

1. Corporation Name
SUNSTAR GROUP, INC.



Principal Place of Business 6342 FOREST HILL BLVD STE 188 WEST PALM BEACH FL 33415	Mailing Address 6342 FOREST HILL BLVD STE 188 WEST PALM BEACH FL 33415
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6342 FOREST HILL Blvd Suite, Apt. #, etc. 22 # 188 City & State 23 West Palm Beach, FL Zip Country 24 33415 25 USA	2a. Mailing Address 26 6342 FOREST HILL Blvd Suite, Apt. #, etc. 27 # 188 City & State 28 West Palm Beach, FL Zip Country 29 33415 30 USA
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3. Date Incorporated or Qualified 09/04/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0692111	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RASSKAZOV, YEVGENIY
6342 FOREST HILL BLVD.
STE 188
W. PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 **President Y. Rasskazov**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

01/15-99
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PSTD <input type="checkbox"/> DELETE
NAME	RASSKAZOV, YEVGENIY
STREET ADDRESS	6342 FOREST HILL BOULEVARD, SUITE 188
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	VD <input type="checkbox"/> DELETE
NAME	RASSKAZOVA, OLGA
STREET ADDRESS	6342 FOREST HILL BOULEVARD, SUITE 188
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	VD <input type="checkbox"/> DELETE
NAME	RASSKAZOVA, SVETLANA
STREET ADDRESS	6342 FOREST HILL BOULEVARD, SUITE 188
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

YEVGENIY RASSKAZOV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15-99

Date

Daytime Phone #

561-7147554

CR2E034 (11/98)