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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082330 (7)

RISING STAR SERVICE INC.

Principal Place of Business	Mailing Address
5480 LYONS ROAD SUITE 103 COCONUT CREEK FL 33093	P.O. BOX 970033 COCONUT CREEK FL 33 097-0033

FILED May 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				. I ABBURBA 150 IDNIA BA114 BA111 BB111 BB111 BB111 BB111 BB111 IBB1 11000 (1100 11111 #01) IBB1				
6480 LYONS ROAD P.O. BOX 970033		7 0024						
Suite 103 Coconut Cr	PEK FL 33093	COCONUT CREEK FL 3309	77-0033					
00001101	and the wood				3. Date Incorporated or Qualific 10/04/1996	d 3a. Dat	e of Last H	leport
	Place of Business	2a. Mailing Wicess			4. FEI Number		Ar	pplied For
21 850 r	NE FINSTER DR	26 850 F 1AG	cc Dc		65-070-060	U	No	ot Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27						equired
City & Star		City & State			6. Election Campaign Financing	F>		May Bo
23 /-4 , ~	andredal Country	28] Zip	Country		Trust Fund Contribution			to Fees
24 32.3		29	30		8. This corporation has liability f Florida Statutes		tax under s TNo	199.032,
	g, Name and Address of Current		1201		10. Name and Address of New			· ·
MY	ERS, CARL		81	Name	MARK HIVUS			
	O LYONS ROAD		82	Street Ade	MARIC HILLS	table)		
	TE 103			Diediride	dress (P.O. Box Number is Not Accept 25.00 KENSING-104	J' Bluc	l	
	CONUT CREEK FL 33093		83		3			
			84	City			85 Zip	Code
			154	Oity 4.	Davie	FL	32	Code 332-5
11. Pursuant	to the provisions of Sections 607.0507	and 607.1508, Florida Statul	es, the above	named cor	rporation submits this statement for th	e purpose of	changing it	ts registered
agent. La	registered agent, or both, in the State am familiar with, and accept the obliga	lions of Section 607.0505, Flo	orida Statutes	ine corpora 3.	ations beard of directors, thereby ac-	setu iun abbr	minione as	registered
SIGNATURE		in						
	Signature, typed or printed name of egistured ager			nt signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF		DIRECTOR Change	RS IN 12 Addition
TITLE	Persident	בין מנונוג	1,1 1 TLE				Unanys	L_J AUGIGION
NAME NAME	MARK HIVES	Λ	1,2 NAME	ALCONOLOG				
STREET ADDRESS	2500 Kensington 1	s (val	1.3 STREET	;				
CITY-ST-ZIP TITLE	Discharge Pl 333	DELETE	1.4 CITY - S 2.1 TITLE	1 - 211'		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	5480 Lyons Road S	41 21.2	22 NAME	ļ		,	enange	<u></u>
STREET ADDRESS	5480 Lyons ROAD St	116/05	2.3 STRLET	Amberes				
CITY-ST-ZIP	COCONUT CREEK, 1	1 33093	2 4 D/TY-5					
TITLE	0 00000	DELETE	311111	71-711			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP]		3.4. CITY-5	1				
TITLE		DELETE	4 1 111LE				Change	Addition
NAME			4. 2 NAME	l				
STREET ADDRESS			4.3 \$18EEF	ADDRESS				
CITY-ST-ZIP			4.4 CHY - S	1- <i>7</i> 10				
TITLE		☐ DELETE	5.1 TrillE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			54 DITY-S	I - ZIP		,		
TITLE		☐ DELETE	€1 ¥ITLE				Change	Add:tion
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S					
	aby cartifu that the information cumuliac	with this filius door not quali			ed in Section 119 07(3)(i) Florida State	doe I further	cortify that	the

The exemptor stated in the imministration supplies with rais ming does not quality for the exemption stated in Section 119 U7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue 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.