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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000089545 (3) DOCUMENT #

PRO STAR BUILDERS, INC.

Principal Place of Business

Mailing Address

2486 SE ELSTON STREET PORT ST LUCIE FL 34952 2486 SE ELSTON STREET PORT ST LUCIE FL 34952

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

								J .	ate Incorpor		alified				
2. Principal Place of Business 2a. Mailing Address									El Number	<u> </u>					
21	1200 01 220110		26	idiiiig Address			4. 5	65-0709589			—	Applied For			
Suite, Apt	#. etc.			Suite, Apt. #, etc.					00 07 000	JU3					pplicable
22				27					ertificate of S	Status Des	ired		\$8.79 Fee	o Add Requi	
City & State				City & State					lection Camp	oaign Finat	ncing		\$5.0	0 ма	v Be
23				28				Tr	rust Fund Co	ntribution				d to F	
Zip	_	Country					'	8. Th	his corporation	on owes or	has pa	id the cur	rent year	Intang	ible
24	25 29 30							Personal Property Tax due June 30. 🔲 Yes 🔀 No							
	9. Name a	nd Address of Curren	81	,	10. N	ame and Ad	idress of l	iew Re	gistered .	Agent					
BROWN, JEFFREY V															
2486 SE ELSTON STREET							82 Street Address (P.O. Box Number is Not Accentable)								
PORT ST LUCIE FL 34952							82 Street Address (P.O. Box Number is Not Acceptable)								
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						84	City					FL	85 Zi	p Cod	e
11. Pursuant	to the provision	s of Sections 607.0502	and 607	1508, Florida Statute	es the ab	OVE	e-named co	ornoration s	uhmite this s	tatement f	or the n	umose of	changine	ite re	gietorod
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.															
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.															
SIGNATURE	Charles board of	printed name of registered agen													
12.	Signature, types or	OFFICERS AND			13.	Age	nt signature requ	quired when rein		ANICEO TO	- AFFIO	DATE	DIDEOT		1.48
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	0400 CE ELOTON CYPEET					_									
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NAME					6.2 NAM	IΕ									ļ
STREET ADDRESS					6.3 STRE	ET A	ADDRESS								ŀ
CITY - ST - ZIP					6.4 CITY	-ST-	- ZIP								
14. I hereby o	ertify that the in	nformation supplied with	this filing	does not qualify for	the exem	npti	on stated in	n Section 1	19.07(3)(i), F	forida Stat	utes. I f	urther cer	tify that th	e info	mation

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.