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**

DOCUMENT # **P96000092813**

STAR-L	INE CORP.				
				1 1 01 11 11 11 11 11 11 11 11 11 11 11 11 1	
Principal Pla	ice of Business	Mailine Address			
1 -		Mailing Address			
846 SE 9TH ST. 846 SE 9TH ST. CAPE CORAL FL 33990 CAPE CORAL FL 33990				•	
US US				DO NOT WRITE II	N THIS SPACE
				3. Date Incorporated or Qualifed	•
ľ				11/13/1996	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0714088	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zìp	Country	Zip	Country	8. This corporation owes the current y	ear Intangible
24	25	29	30	Personal Property Tax.	☐ Yes, ☐ No
	9. Name and Address of Curre	nt Registered Agent	04 11	10. Name and Address of New Regis	tered Agent
\ \X SEN	NFTINGER, KLAUS	,	81 Name		
1306 SE 16TH TERRACE		•	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33990					
	E 0017/E 1 E 00350		83		JIII 14 20 19 19 11 16
			84 City	5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	85 Zin Code
55.48 Sec. 10.78 S			1 1 -		
ਹੈਨੇ office or ਹੈਨੇ agent. I ਨ	registered agent, or both, in the State am familiar with, and accept the obiga	of Fonda. Such change was a prior of, Section 607.0505, Flo	es, the above-named corp- uthorized by the corporation rida Statutes.	oration submits this statement for the purp on's board of directors. I hereby accept the	ose of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	al arb utile if applicable. (NOTE	Registered Agent signature required		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	PS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	7,55110110101111111111111111111111111111	Change Additio
NAME	SENFTINGER, HILTRUD I	•	1.2 NAME	* **	
STREET ADDRESS	1306 SE 16TH TERR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990		1.4 CITY-ST-ZIP		
TITLE	VP :	DELETE	2.1 T/TLE		☐ Change ☐ Addition
NAME	SENFTINGER, KLAUS		2.2 NAME		
STREET ADDRESS	1306 SE 16TH TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990		2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE 500.	Property of the state of	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Parking the Americans Bistory restriction of the Community		3.2 NAME		
CIDEET ADDRESS	BIDDISONES ENDOUGH.		3.3 STREET ADDRESS	a the great trade of	e falko a un le adre cedela i a
CITY-ST-ZIP	ENDSM PLANT		3.4. CITY-ST-ZIP		强烈力力等强制 高
TITLE		☐ DELETE	4.1 TITLE		Change 3 Addition
NAME .			4. 2 NAME		_ · _
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	***	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	Production of the second of th		5.4 CITY-ST-ZIP		
TITLE	Can square the same	☐ DELETE	6.1 TITLE	•	☐ Change ☐ Addition
NAME	1986 44 12 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15				
TO UNIC.	CAT TOMA (1917)	•	6.2 NAME		

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.

6.4 CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90013 004 ***150.00