**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90181 008 \*\*\*150.00

1. Corporation	NIEN 1 # P96000 STAR COMPUTER SERVICE				
Principal Flace	e of Business	Mailing Address			ilb intid inidt laini ilaāt ihil iabi
3315 S. DALE MABRY HIGHWAY TAMPA FL 33629		3315 S. DALE MABRY HIGHWAY TAMPA FL 33629		DO NOT WRITE IN T	IIC CDACE
				3. Date ncorporated or Qualifed	IIS SPACE
				12/09/1996	
2. Princip at Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, /spt. #, etc.		Suite Ant # ote		59-3420235	Nct Applicable \$8.75 Additional
	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & Stat				6 Floation Comparing Financing	\$5.00 May Be
23		28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country	Zip	Country 30	This corporation owes the current year     Personal Property Tax.	Ū-Yes □No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	ed Agent
Dillo	ALDI MICHAEL I		81 Name		
Dubaldi, Michael J 4949 Marbrisa Drive			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUIT	TE 1405		83.		
TAM	PA FL 33629		-		85 Zip Code
			84 City	F <sup>:</sup>	Zip Code
agentra			ida Statilites	ion's board of directors. I hereby accept the app	
SIGNATURE	Signature, typed or printed in sime of registered		Registered Agent signature rei uir	ed when reinstating) DATE	5-99
12.	Signature, typed or printed in sine of registered of OFFICERS A	gert and title if applicable. (NO FE:	Registered Agent signature rei uir	4-1	5-99
12.	Signature, typed or printed in time of registered of OFFICERS A	ger t and title if applicable. (NO FE:	Registered Agent signature rei uir 13. 1.1 TITLE	ed when reinstating) DATE	S - 9Gi AND DIRECTORS IN 12
12. TITLE NAME	Signature, typed or printed in time of registered of OFFICERS A PST MARGARIT, RAYMOND J	gert and title if applicable. (NO FE:	Registered Agent signature rei uir 13. 1.1 TITLE 1.2 NAME	ed when reinstating) DATE	S - 9Gi AND DIRECTORS IN 12
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14. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 7(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 attactment with an address, with 3) other like empowered. CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR