## 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

DOCUMENT # P96000103592 (7)

FIVE STAR MARKETING, INC.

FILED
Jan 28 1998 8:00am
Secretary of State



111 60

Principal Place of Business	Mailing Address		I FROMMON FIO IDINE DINI DDINI BRINI DRIDA FRAN BUNDO FRIDA DINIP PRIND NOR FUDIE
705 W STATE RD 434	705 W STATE RD 434		
SUITE D	SUITE D		
LONGWOOD FL \$2750	LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE
US	US		3. Date Incorporated or Qualified
			12/23/1996
2. Principal Place of Business 21 /4// E. MAIN ST	24. Mailing Address 26 /333 SWe Suite, Apt. #, etc.	etwater	4. FEI Number Applied For
Suite, Apt. #, etc.	26 / 333 State Suite, Apt. #, etc.	737	59-34 19635   Not Applicable  88.75 Additional
	27	,,,	5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23 Lees bury, Fl	28 LONGUS	0 d. F/	Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 3474 8 25 LAKE	29 32779 3	5 Semmo	
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
WILSON, HARRIETTE		81 Name	
705D W STATE RD 434		82 Street A	Address (P.O. Box Number is Not Acceptable)
LONGWOOD FL 32750		1 732	Address (P.D. Box Number is Not Acceptable)  3 Sweetwater Click Blad
		B3 Q	
		84 Cit/	85 Zip Code
			ngword FL 85 339779
11. Pursuant to the provisions of Sections 607,050	2 and 607 1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State agent, I am familiar with, and accept the obligations are stated as a second to the control of the control	of Florida. Such change was au ations of, Section 607.0505, Flori	itnorized by the corp ida Statutes.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE Harriette W.	elson		1-14-98
Signature, typed or printed name of registered age	nt and tille il applicable (NOTE:	Registered Agent signature	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TITLE	Change Addition
NAME WILSON, HARRIETTE		1.2 NAME	and a second water aluk Blad
STREET ADDRESS 705 D W SR 434		1.3 STREET ADDRESS	1303 Sweethand Course
CITY-ST-ZIP LONGWOOD FL		1.4 CITY-ST-ZIP	1303 Severturater Club Blad Angwood, Je 32777
TITLE	☐ DELETE	2.1 TITLE	Change L. Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	T of fit	2. 4 CITY - ST - ZIP	
TALE	L_I DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	D DELETE	3.4 CITY-ST-ZIP	Change Addition
TITLE	L_) DELETE	4.1 TITLE	L Change L Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STRFET ADDRESS	
City-St-ZiP	Doctor	4.4 CITY-S1-ZIP	Change Addition
TITLE	☐ DELETE	5.1 TITLE	L., Change L. Muchion
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CiTY-ST-ZiP	DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	广1 ∩crci¢	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	ith this filing does not qualify for	the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
<ul> <li>Indicated on this annual report or supplements</li> </ul>	al annual report is true and accur	rate and that my sign	nature shall have the same legal effect as if made under oath; that I am an
officer or director of the corporation or the reco Block 12 or Block 13 if changed, or on an attac	civer or trusted empower <b>ed</b> to ex	xecute this report as	required by Chapter 607, Florida Statutes; and that my name appears in