

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90150 028 \*\*\*150.00

**DOCUMENT # P96000103592**

1. Corporation Name

**FIVE STAR MARKETING, INC.**



Principal Place of Business

1411 E MAIN ST  
SUITE D  
LEESBURG FL 34748  
US

Mailing Address

1303 SWEETWATER CLUB BLVD  
SUITE D  
LONGWOOD FL 32779  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/23/1996**

4. FEI Number

**59-3419635**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **2315 Gruffin Rd.**

2a. Mailing Address

26 **PO Box 291038**

Suite, Apt. #, etc.

22 **Suite 7**

Suite, Apt. #, etc.

27

City & State

23 **Leesburg, FL**

City & State

28 **Port Orange, FL**

Zip

24 **34748**

Country

25 **US**

Zip

29 **32129**

Country

30

9. Name and Address of Current Registered Agent

**WILSON, HARRIETTE**  
**1303 SWEETWATER CLUB BLVD**  
**LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**4621 S. Atlantic Ave**

83 **# 7101**

84 City **Ponce Inlet,**

**FL**

85 Zip Code  
**32127**

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.

SIGNATURE **Harriette Wilson**  
Signature, typed or printed name of registered agent and title if applicable

**Harriette Wilson Pres/Director**  
(NOTE: Registered Agent signature required when reinstating)

**2-8-99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WILSON, HARRIETTE**  
STREET ADDRESS **1303 SWEETWATER CLUB BLVD**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **4621 S. Atlantic Ave #7101**  
1.4 CITY-ST-ZIP **Ponce Inlet, FL 32127**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: **Harriette Wilson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-99**  
Date

Daytime Phone #

CR2E034 (11/98)