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 # P96000104267 (5)

STAR BRITE INDUSTRIES, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address			A 1801600 MA 18/10 GIVIN ORIVI BOSH ORISE MAIN BARN BIRN BIRN SELLEN	
8914 NW 25			8914 NW 25TH COURT				
CORAL SPRINGS FL 33065		CORAL SPRINGS FL	CORAL SPRINGS FL 33065			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						01/01/1997	
2. Principal Place of Business 2a. Mailing Ac			ess			4. FEI Number Applied For	
21		26	26			65 - 072 YORP Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27				Fee Required	
City & State		City & State	City & State			Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution	
Zip			<u> </u>	Country		8. This corporation owes or has paid the current year Intangible	
24 25 29 29 9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
		Tent Neglatered Agent		81	Name		
CHERESNICK, PHILIP 8914 NW 25TH COURT							
			82 Street		Address (P.O. Box Number is Not Acceptable)		
U	DRAL SPRINGS FL 33065			83			
					1		
				84	City	FL 85 Zip Code	
44 Durewant to	o the provisions of Sactions 607.6	KA2 and 607 1508 Florida Stat	lutoe the al	bow	e.named	d corporation submits this statement for the purpose of changing its registered	
office or re	agistered agent, or both, in the Sta	ite of Florida. Such change was	s authorize	d by	y the corp	poration's board of directors. It hereby accept the appointment as registered	
agent. I an	n familiar with, and accept the ob	ligations of, Section 607.0505,	riorida Stai	tutes	3.		
SIGNATURE _	Signature, typed or printed harrie of registered	ament and title J Annicable (N	C11 Registere	d Ans	ent signature	e required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ALBSIDERT		DELETE	1.1 10	1.1 TOTLE		Change Addition	
NAME STREET ADDRESS ### PROPERTY NO 25 95		, et	1.2 NAMÉ				
STREET ADDRESS 8917 NW 25 0 F		F	1.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	GREEL SALINES, PL. 38065		1.4 CI	1.4 CITY - ST -			
TITLE		DELET e	2.1 TITLE			Change Addition	
NAME			2.2 NAME		i		
STREET ADDRESS			2.3 STRFET ADDRESS		ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		ST-ZIP	·	
TITLE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		ST - ZIP		
THTLE		☐ DELETE	4.1 TITLE		J	Change Addition	
NAME			4. 2 NAME		ļ		
STREET ADDRESS			4.3 \$1	TREET	ADDRESS		
CITY-ST-ZIP			4.4 CI	4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME		ļ		
STREET ADDRESS	S 5.3		5.3 \$1	TREET	ADDRESS		
CITY-ST-ZIP			5.4 CI	5.4 CITY-ST-ZIP			
TITLE	L DELETE 6.1		6.1 TI	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 N	AME	ļ		
STREET ADDRESS			6.3 STREET ADDR		ADDRESS		
CITY-ST-ZIP				4 CITY - ST - ZIP			
14. I hereby co	ertify that the information supplied on this annual report or suppleme	I with this filing does not qualify Intal annual report is true and a	/ for the exe accurate an	emp d th	ition state at my sig	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath; that I am an	
officer or d	firector of the corporation or the re	ecciver or trustee empowered t	lo execute f	this	report as	s required by Chapter 607, Florida Statutes; and that my name appears in	
BIOCK 12 0	or Block 13 if changed or on an a	tic chinent wan an address.					