

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000008246 (5)

1. Corporation Name  
FIVE STAR ENTERTAINMENT, INC.



Principal Place of Business Mailing Address  
1645 PALM BEACH LAKES BLVD. SUITE 800  
WEST PALM BEACH FL 33401 1645 PALM BEACH LAKES BLVD. SUITE 800  
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Registered Agent	
21 21218 ST. ANDREWS BLVD		26 222 Lakeview Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 SUITE 417		27 Suite 210	
City & State		City & State	
23 BOCA RATON, FL		28 West Palm Beach, FL	
Zip		Zip	
24 33433		29 33401	
Country		Country	
25 PALM BEACH		30 Palm Beach	

3. Date Incorporated or Qualified  
01/17/1997

4. FEI Number  
65-0773155

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
DONLON, ROBERT M  
1645 PALM BEACH LAKES BLVD, SUITE 800  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent  
81 Name  
82 Robert M. Donlon, Esq.  
83 Street Address (P.O. Box Number, etc., if applicable)  
84 222 Lakeview Avenue  
85 Suite 210  
86 City  
87 West Palm Beach  
88 FL  
89 Zip Code  
90 33401

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 (NOTE: Registered Agent signature required when reinstating) DATE 2/4/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SIMS, JOHN	1.2 NAME	D SIMS, JOHN
STREET ADDRESS	1645 PALM BEACH LAKES BLVD, SUITE 800	1.3 STREET ADDRESS	21218 ST. ANDREWS BLVD, SUITE 417
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D D'ANDREA, RICHARD	2.2 NAME	D D'ANDREA, RICHARD
STREET ADDRESS	1645 PALM BEACH LAKES BLVD, SUITE 800	2.3 STREET ADDRESS	21218 ST. ANDREWS BLVD, SUITE 417
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with attachment with an address.

SIGNATURE DATE 3-27-98

CR2E034 (10/97)