## 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** 

## DOCUMENT # **P97000013862**1. Corporation Name

STAR FOODS OF POLK COUNTY, INCORPORATED

Principal Place of Business		Mailing Address			I 14001000 the 1864 (684) 0000 0000 0000 0000 0000 0000 0000 0			
1420 1ST STREET N.E. WINTER HAVEN FL 33880 US		1420 1ST STREET N.E. WINTER HAVEN FL 33880 US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 02/10/1997			]-
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number Applied For			٦,
21		26			59-3426062		lot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	] ं
22		27			5. Certificate of Status Desired	Fee F	Required	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	╛
Zip	Country	Zip	Country		8. This corporation owes the current year Intang	jible .		
24	25	29 30			- Crochar report, tax	] Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	ent		4
540	LARLINGE CLEEK CO.		81	Name				
STARAA	WISH, SALAH PIST STREET N.E.	Marchen March	82	Street Add	ress (P.O. Box Number is Not Acceptable)			1
1421 14061	FED HAVEN EL 19990		Ш		Later the contract of the course of the state of the stat	y 41 55 PM	13 m/ 15 15 15 15 15 15 15 15 15 15 15 15 15	1
AAIIA	TER HAVEN FL 33880		83					
		4	84	City			Code'	1
AND THE OPEN	T877 1 8 8	And the second second	j					1
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes, 1 of Florida. Such change was autho	the above orized by	e-named corp the corporation	poration submits this statement for the purpose of channels board of directors. I hereby accept the appointm	anging it nent as r	s registered_ egistered	
	m familiar with, and accept the obligat	ions of Section 607 0505, Florida	Statutes.	•	1 11 9	9		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Rec	istered Agen	t einnature renuire	d when reinstating) DATE			_ ا
12.	OFFICERS ANI		13.	k alginatura roquico	ADDITIONS/CHANGES TO OFFICERS AND I		ORS IN 12	1 8
TITLE 300	D see Auton	☐ DELETE	1.1 TITLE			Change		1 3
NAME (	DARWISH, DARWISH		1.2 NAME	ļ	4.6 11/4 2	_ •		
STREET ADDRESS	1420 1ST STREET N.E.		1.3 STREET	ADDRESS				8
CITY-ST-ZIP	WINTER HAVEN FL 33880		1.4 CITY-ST		·			5
TITLE	WHITEH HAVEN I E GOOD	☐ DELETE	2.1 TITLE	1-217		Change	☐ Addition	[
NAME*			2.2 NAME					
STREET ADDRESS		• '	2.3 STREET	*********		•		Ì
•	Caraban da sa .							
CITY-ST-ZIP	5 7 2 4 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(Note that the second of the	2. 4 CITY-S' 3.1 TITLE	1-219		Change	☐ Addition	+
DAG	NASSA NESSE I POLICIO E CONTRA CO			•		7 01101190		
NAME		Market at the state of	3.2 NAME	4000000				
STREET ADDRESS	TEP HAVER OLD DE		3.3 STREET		· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.4. CITY-ST	T-ZIP	<u>। এই এই ১ জিলা করি আন্দর্ধকর পিন্ধানি করিছিল করিছে করিছে । এই জিলা করিছে করিছে জিলা করিছে । এই জিলা করিছে জিলা</u>			-
TITLE		□ pere≀e	4.1 TITLE	Ì	는 10 - 10 전에 다음이 4조합 다음이 10 <u>년</u>	1 Change	. "   Addition	
NAME 1SESTO	\$ 1 m	•	4, 2 NAME	1				-
STREET ADDRESS	·韩. 萨克州	Service Services	4.3 STREET					
CITY-ST-ZIP		The section	4.4 CITY-ST	-ZiP		7.01	- Law	-
TITLE		☐ DELETE	5.1 TITLE		Little and the second of the s	Change	☐ Addition	
NAME	l	1	5.2 NAME			,		
STREET ADDRESS	·		5.3 STREET		्रिक्री, विकास ने विधिक्रिकेट असे			1::
CITY-ST-ZIP.		Recognition of the second	5.4 CITY-ST	-ZIP			<del></del>	]
TITLE	CANNELSEE AND ARTHUR COMMISSION OF A CAN	DELETE	6.1 TITLE			] Change	Addition	1
NAME	HOUSE IN SUFFICIAL TO		6.2 NAME					
STREET ADDRESS	Britist to be a state of the second of the second of the second		6.3 STREET	ADDRESS				

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.

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90062 012 \*\*\*150.00