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

Mailing Address % FREDRIC NEWMAN

555 S. FEDERAL HIGHWAY. 3RD FLR.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000046342 1. Corporation Name

Principal Place of Business

555 S. FEDERAL HIGHWAY. 3RD FLR.

% FREDRIC NEWMAN

STREET ADDRESS

SIGNATURE:

SERVICE STAR MANAGEMENT GROUP, INC.

BOCA RATON FL 33432 US		BOCA RATON FL 33432 US			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					05/23/1997	•	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-085084.	3 An	plied Far
¬ .	iace of business	<u> </u>					t Applicable
<u>!1 </u>		26			NOT APPLICABLE		
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27				Fee Re	quirea
City & State	e ;	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Count	у	8. This corporation owes the current year Inta	angible	
4	25	29	30		Personal Property Tax.	☐ Yes /	1210 0
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
	<u> </u>		8	1 Name			
NFW	MAN, FREDRIC D		Ĺ	1			
555 S. FEDERAL HIGHWAY, 3RD FLR.			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
			Ļ	<u>-</u>	_ <u></u>		
BOĆ	A RATON FL 33431		8	3			
			8	4 City		85 Zip (Code
			J°	+ City	· FL]65] 219 (2000
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abo	ve-named cor	rporation submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State of	Florida, Such change was aut	nonzea b	y tne corpora	ation's board of directors. I hereby accept the appoir	ntment as re	gistered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	da Statute	s.			
SIGNATURE							
	Signature, typed or printed name of registered agent a			ent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DPST	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	NEWMAN, FREDRIC D		1.2 NAME	:			
STREET ADDRESS	555 S FEDERAL HWY STE 350		1.3 STRE	ET ADDRESS			
CITY+ST-ZIP	BOCA RATON FL 33432		1.4 CITY-	ST-ZIP			
TITLE	BOOK INTONIE GOTOL	□ DELETE	2.1 TITLE			Change	Addition
						_ ,	_
NAME			2.2 NAME				
STREET ADDRESS	· .		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP		<u>. </u>	
TITLE '	· · · · · · · · · · · · · · · · · · ·	□ DELETE	3.1 TITLE	Ì	and the second s	Change	Addition
NAME			3.2 NAME	:	•		
STREET ADDRESS			33 STRE	ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE			☐ Change	Addition
TITLE	;	C) DETEIR					☐.100m3ff
NAME			4. 2 NAM	E }			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	·		4.4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITLE		•	Change	Addition
NAME '			5.2 NAME	:		•	
			53 STRE	ET ADDRESS			
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		•	ſ	·		
CITY-ST-ZIP		(Tas) ===	5.4 CITY-			Chance	- Addition
TITLE '		☐ DELETE	6.1 TITLE		•	Change	Addition
			6.2 NAME	1			

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 or an attachment with an address, with all other like empowered.

4/29/99 (561) 394-5700

FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90093 034 ***150.00