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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000049866 (1)

LASTAR MANAGEMENT CORP.

STE. 351. 4830 KENNEDY BLVD. STE. 351, 4830 KENNEDY BLVD. **TAMPA FL 33609** TAMPA FL 33809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3453333 26 Not Applicable Suite, Act. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOMBACH, GEOFFREY S 500 E. BROWARD BLVD., STE. 1950 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33394 83 City Zip Code 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** Signature, typed or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME **STARNES, BOB R** 1.2 NAME 4830 W. KENNEDY BLVD., STE. 351 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33629 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition **APPROVED** 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS BRS-CC Company CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 31 TITLE By Change ■ Addition NAME 3.2 NAME Date STREET ADDRESS 3 3 STREET ADDRESS 6155 CITY-ST-ZIP GL# 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition

4. 2 NAME

5.1 TITLE

5.2 NAME

DELETE

4.3 STREET ADDRESS

5 3 STREET ADDRESS

4.4 CITY - ST - ZIP

**FILED** May 07 1998 8:00am Secretary of State



5.4 CITY-ST-7IP ☐ DELETE Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - S1 - ZIP 14. I hereby certify that the information supplied with the filling 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 eath; that I am an officer or director of the corporation or the receive or trusted entropy of the exemption 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 a statement with a statement

Job/Code

Amount

0

Change

Addition