

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

FILED
May 13 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000069351 (9)

1. Corporation Name
BAR STARZ, INC.

Principal Place of Business

Mailing Address

4420 WIDE OAK CIRCLE
KISSIMMEE FL 34746

4420 WIDE OAK CIRCLE
KISSIMMEE FL 34746



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|------------------------|---|------------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 14763 White Oak Circle | 26 | 14763 White Oak Circle | 08/11/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3465498 | |
| City & State | | City & State | | Applied For | |
| 23 Orlando FL | | 28 Orlando FL | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| 24 32837 | | 29 32837 | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 U.S.A. | | 30 U.S.A. | | Trust Fund Contribution | |
| | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | |
| FOGEL, ERIC G 4420 WIDE OAK CIRCLE KISSIMMEE FL 34746 | | 81 Name FOGEL, ERIC G. | | | |
| | | 82 Street Address (P.O. Box Number Is Not Acceptable) 14763 Lone Eagle Dr. | | | |
| | | 83 | | | |
| | | 84 City Orlando FL | | | |
| | | 85 Zip Code 32837 | | | |

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 printed name of registered agent and title if applicable

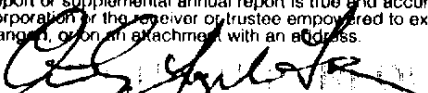
(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|------------------------|
| TITLE | D | 1.1 TITLE | D |
| NAME | FOGEL, ERIC G | 1.2 NAME | FOGEL, ERIC G. |
| STREET ADDRESS | 4420 WIDE OAK CIRCLE | 1.3 STREET ADDRESS | 14763 Lone Eagle Drive |
| CITY-ST-ZIP | KISSIMMEE FL 34746 | 1.4 CITY-ST-ZIP | Orlando, FL 32837 |
| TITLE | D | 2.1 TITLE | D |
| NAME | BECK, MARK | 2.2 NAME | BECK, MARTIN |
| STREET ADDRESS | 4420 WIDE OAK CIRCLE | 2.3 STREET ADDRESS | 14763 Lone Eagle Drive |
| CITY-ST-ZIP | KISSIMMEE FL 34746 | 2.4 CITY-ST-ZIP | Orlando, FL 32837 |
| TITLE | D | 3.1 TITLE | D |
| NAME | RAIMONDO, PHILIP P | 3.2 NAME | RAIMONDO, PHILIP P |
| STREET ADDRESS | 2770 MUSCATELLO STREET | 3.3 STREET ADDRESS | 14763 Lone Eagle Dr. |
| CITY-ST-ZIP | ORLANDO FL 32837 | 3.4 CITY-ST-ZIP | Orlando, FL 32837 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 on an attachment with an address.

SIGNATURE:

 ERIC G. FOGEL 4.24.98

CR2E034 (10/97)