

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

FILED
May 13 1998 8:00am
Secretary of State

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 4420 WIDE OAK CIRCLE KISSIMMEE FL 34746	Mailing Address 4420 WIDE OAK CIRCLE KISSIMMEE FL 34746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14763 White Oak Circle Suite, Apt. #, etc.	2a. Mailing Address 26 14763 White Oak Circle Suite, Apt. #, etc.
22 City & State 23 Orlando FL	27 City & State 28 Orlando FL
24 Zip 32837 25 Country U.S.A.	29 Zip 32837 30 Country U.S.A.

3. Date Incorporated or Qualified 08/11/1997	
4. FEI Number 59-3465498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FOGEL, ERIC G
 4420 WIDE OAK CIRCLE
 KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81 Name Fogel, Eric G.	
82 Street Address (P.O. Box Number Is Not Acceptable) 14763 Lone Eagle Dr.	
83	
84 City Orlando	85 Zip Code FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, MARK	2.2 NAME	Beck, Mark
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 <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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 on an attachment with an address.

SIGNATURE:  **ERIC G. FOGEL** 4.24.98

CR2E034 (1097)