Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90066 004 ***150.00

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 # P97000070639

 Corporation 	Name	0.000					
BLUESTAR MANAGEMENT, INC.							
					L CONTRACTO CON MORA CONTRACTO ARCHI ARCHI ARCHI A	ZODU JOUR COMO CHICO Z	ALLEN LINE LINE LINE
Principal Place of Business Mailing Address				I (DONISON CON SOUR DONIS DAVIN SOUR BRIN SOUR BRIN SOUR BRIN SOUR BRIN SOUR		**************************************	
2901 CLINT MOORE ROAD 2901 CLINT MOORE ROAD							
#414 #414					DO NOT WRITE IN THIS SPACE		
BOCA RATON FL 33496 US BOCA RATON FL 33496 US					3. Date Incorporated or Qualifed		
US		03			08/14/1997		ļ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
21 26		<u> </u>			APPLIED FOR	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	l II
27		27			5. Certificate of Status Desired	Fee Red	quired
City & State		- City & State		6. Election Campaign Financing	\$5.00	- 1	
23		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	/	8. This corporation owes the current year		□No
24	25		30		Personal Property Tax. 10. Name and Address of New Registe		
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Registe	reu Agent	
BECK	K. HERBERT		0.	Name			_
2901 CLINT MOORE ROAD #414			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33496			83	-	·		
500	A TATOR TE SO-500		00				
			84	City		FL 85 Zip C	ode
44 Diversions	the provisions of Sections 607 050	22 and 607 1508 Florida Statute	s the abov	e-named cor	rogration submits this statement for the numos	se of changing its	registered
office or re	agistered agent or both in the State	of Florida, Such change was au	tnonzea by	the corporat	tion's board of directors. I hereby accept the a	ppointment as reg	jistered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes	5.			
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE:	Registered Age	nt signature requi	ired when reinstating) DAT	E	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition [
NAME	BECK, HERBERT		1.2 NAME				}
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP				Addition
TITLE	DELETE		2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	ADDRESS			TADORESS			
CITY-\$T-ZIP	DELETE		2.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	□ DELETE		3.1 TITLE			Gridinge	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	DELETE		3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	☐ Addition
TITLE		_ beerie	4. 2 NAME			– •	_
NAME				}			
STREET ADDRESS	55		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	31-21-		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET 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, et an an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE: