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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073656 (5)

WEST STAR INTERNATIONAL, INC.

## **FILED** Apr 30 1998 8:00am Secretary of State



	· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business Mailing Address					r coarrant che iffitt tonic naier moter dotti noter totad tiefe tiefe nief firt iffit	
1500 COLONIAL BLVD SUITE 103 1500 COLONIAL BLVD SUIT FT. MYERS FL 33907 FT. MYERS FL 33907				1		
FI. WIENS P	L 3090/	FT. MYERS FL 33907				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						08/25/1997
	lace of Business	2a. Mailing Address				4 FEI Number Apolied For
21		26				65-0776854 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27 City & State				Fee Required
City & State	e	City & State				B. Election Campaign Financing     Trust Fund Contribution     Added to Fees
Zip Country		Zip Country				
24	25	<del>                                      </del>		G. Francisco Contract		This corporation owes or has paid the current year intangible     Personal Property Tax due June 30.    Yes
	9 Name and Address of Curre	11	130	Ι		10. Name and Address of New Registered Agent
L/M	LIGAN, JOHN P JR.			81	Name	
1500 COLONIAL BLVD., SUITE 103				82 Street		Address (P.O. Box Number is Not Acceptable)
	MYERS FL 33907			511881 AOOI		Address (P.O. Box Number is Not Acceptable)
				83		
				B4	City	85 Zip Code
				~	City	FL 85 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 printed name of registered agent and title if approachie (NOTE, Registered Agent signature required when reinstating)  DATE						
12.	Signature, typed or printed name of registered ag	ent and title it applicable (NOT D DIRECTORS	E. Registere	d Age	nt signature	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TI	TLE		Change Addition
NAME	JOSUPEIT, TORSTEN		12 N			
STREET ADORESS	BLUMENBERGER STRASSE	14			ADDRESS	
CITY-ST-ZIP	39122 MAGDEBURG GERMAI			TY-S		
TITLE	7.00	DELETE	2.1 Tr			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS	2)		2.3 \$1	2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		T - 21P	
TITLE			3.1 TITLE		_	Change Addition
NAME			3.2 N	ME		
STREET ADDRESS			3.3 STREET ADDRESS		address	
CITY-ST-ZIP				3.4 CITY-ST-ZIP		
TITLE	DELETE			4.1 TITLE		L¹ Change L¹ Addition
NAME			4 2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME .			5.2 N/		4 hon	
STREET ADDRESS					ADDRESS	
CITY-ST-ZWP TITLE	,	DELETE	5.4 CI 6.1 TI		- ZIP	Change Addition
NAME		- prefit	62 N/			Change D Addition (
					AODDTOO	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		51 <del>-2-1</del> 18 17 1	6.4 Ci	1Y-S1	· ZIP	

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic opport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Using empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in