

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

FILED

Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortharp Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000074660 (6)

1. Corporation Name

STAR ISLAND FOOD AND GIFT, INC.

Principal Place of Business

Mailing Address

5730 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34746

5730 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

65-0779447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Zip Country

27 Zip Country

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

ABUZANT, MAZEN  
5730 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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



(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/98

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME MAZEN ABUZANT

1.3 STREET ADDRESS 5730 W IRLO BRONSON MEM HWY

1.4 CITY-ST-ZIP KISSIMMEE FL 34746

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 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



2/14/98

1467-356-2011

CR2E034 (10/97)