

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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90049 006 \*\*\*150.00

DOCUMENT # P97000074660

1. Corporation Name

STAR ISLAND FOOD AND GIFT, INC.



Principal Place of Business

5730 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746

Mailing Address

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5038 W IRLO BRONSON

Suite, Apt. #, etc.

22 MEM HWY

City & State

23 KISSIMMEE FL

Zip

24 34746

Country

25 ORCEOLA

2a. Mailing Address

26 5038 W IRLO BRONSON

Suite, Apt. #, etc.

27 MEM HWY

City & State

28 KISSIMMEE FL

Zip

29 34746

Country

30 ORCEOLA

9. Name and Address of Current Registered Agent

ABUZANT, MAZEN

5730 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746

CHANGE TO

10. Name and Address of New Registered Agent

81 Name

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

83 5038 W IRLO BRONSON MEM HWY

84 City

KISSIMMEE

FL

85 Zip Code

34746

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

2/27/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME AJUZANT, HAZEN

STREET ADDRESS 5730 W IRLO BRONSON MEM HWY

CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ABUZANT, MAZEN

5038 W. IRLO BRONSON MEM HWY

KISSIMMEE, FL 34746

CORRECTION

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/99

407-396-1682

CR2E034 (11/98)