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

PROFIT CORPORATION ANNUAL ŘĚPOŘT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700091590

1. Corporation Name

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90013 004 ***300.00

STAR AII	r trading	CORP.											
Principal Place	of Business		м	lailing Address					- - -			IFI BRIL (BBI	
									ł				
3802 SOUTHERN BLVD. WEST PALM BEACH FL 33406 WEST PALM BEACH FL 3340						6							
11201 111211 02	2,0,,,,								DO NOT WRITE IN TH	IIS SPACE			
									3. Date Incorporated or Qualifed				
		·							10/17/1997				
2. Principal Pl	lace of Busines	S	2a	. Mailing Address					4. FEI Number			ied For	
21				26					06-1497850	***		Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc					5. Certificate of Status Desired Security Securi				
City & State				City & State					6. Election Campaign Financing	\$ 5.	.00 M	lay Be	
23				28					Trust Fund Contribution Added to Fees				
Zip		Country		Zip		Country			8. This corporation owes the current year	Intangible	1		
24	25		29		30				Personal Property Tax.	☐ Yes	/	No	
	9. Name an	d Address of Current	Regi	stered Agent					10. Name and Address of New Register	ed Agent			
						81	Name						
		ERVICE COMPANY				82	Street	Addre	ss (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET						02 Street Addit							
TALL	lahassee fl	. 32301-2525				83							
						84	City			. 85	Zip Co	nde	
•									F	·L	•	1	
11. Pursuant office or re agent. I as	to the provision egistered agent m familiar with	s of Sections 607.0502 or both, in the State of and accept the obligat	and.6 of Flori	607.1508, Florida Statui ida. Such change was a f, Section 607.0505, Flo	tes,.th authori orida S	e above ized by statutes	named the corpo	corpo oration	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changin pointment a	g its regi	egistered stered	
SIGNATURE									·				
SIGNATURE	Signature, typed or p	printed name of registered agen		''	_		it signature i	required	when reinstating) DATE	****		10 111 40	
12.		OFFICERS AN	D DIRI		_	13.		1	ADDITIONS/CHANGES TO OFFICERS	AND DIRE		Addition	
TITLE	PVS			☐ DELETE	- 1	.1 TITLE				[] Olla	rige		
NAME	GRAHAM, J				- 1	.2 NAME						-	
STREET ADDRESS 3802 SOUTHERN BLVD							1.3 STREET ADDRESS			•			
CITY-ST-ZIP	WEST PALM BEACH FL 33406					1.4 CITY-ST-ZIP				☐ Cha	nnne	Addition	
TITLE	AS			☐ DELETE	- 1	.1 TITLE			•		nge	L. Addition	
NAME	DAVIS, GRE				•	2.2 NAMÉ		1	•)	
STREET ADDRESS		HERN BLVD					T ADDRESS					_ [
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NAME					- 1	3.2 NAME						ļ	
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STREET ADDRESS]						TADORESS					}	
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TITLE				☐ DELETE		3.2 NAME				(01)6	n ige	LI Addition	
I	1					3.∠ NAME		1					

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 supplied that 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 of the receiver of 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 on the receiver of the corporation of the corp

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP