

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90019 023 ***150.00

DOCUMENT # P97000106044

1. Corporation Name

BRIGHT STAR UNLIMITED, INC.

Principal Place of Business

**1490 NORTH OAK PARK AVENUE
AVON PARK FL 33825**

Mailing Address

**1490 NORTH OAK PARK AVENUE
AVON PARK FL 33825**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

65-0808903

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. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**CHOQUETTE, ROBERT
1490 NORTH OAK PARK AVENUE
AVON PARK FL 33825**

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

Robert Choquette

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-13-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BIELECKI, ADAM**
STREET ADDRESS **1490 NORTH OAK PARK AVENUE**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** ☐ DELETE
NAME **CHOQUETTE, ROBERT**
STREET ADDRESS **1490 NORTH OAK PARK AVENUE**
CITY-ST-ZIP **AVON PARK FL 33825**

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

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.

SIGNATURE

Robert Choquette

SIGNATURE OF REGISTERED AGENT

9-13-99

452-1722

0095172

CR2E034 (5/99)

~~617587-90002-23~~

097000106044

~~617587-90002-23~~

617979-90019-23

9/13/99

RE: G. F. ENTERPRISES UNLTD., INC. AND
BRIGHT STAR UNLTD., INC.

TO WHOM IT MAY CONCERN:

I HAVE ENCLOSED A COPY OF 1999 CORP. ANNUAL REPORT STAMPED 2ND NOTICE.

MY ADDRESS HAS NOT CHANGED SO I DO NOT KNOW WHY I HAVE NOT RECEIVED A
FIRST NOTICE. WE DO HAVE A BOX NUMBER WHICH IS P. O. BOX 355, AVON PARK, FL.

—33826.—

I AM ENCLOSING THE \$150.00 FOR EACH CORP. REPORT. IF YOU FEEL THERE IS ANYTHING
ADDITIONAL OWED PLEASE LET ME KNOW, BUT I AM REQUESTING FOR THE \$150.00 EACH
FEE AS I DID NOT RECEIVE THE FIRST.

THANK YOU FOR YOUR CONSIDERATION .

SINCERELY,



BOB CHOQUETTE