


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90054 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000006091					
1. Corporation Name STARGATE ENTERPRISES GROUP, INC.					
Principal Place of Business 343 ALMERIA AVENUE CORAL GABLES FL 33134		Mailing Address 343 ALMERIA AVENUE CORAL GABLES FL 33134			
2. Principal Place of Business 21 3300 N.E. 192 STREET		2a. Mailing Address 26 3300 NE 192 STREET		3. Date Incorporated or Qualified 01/21/1998	
Suite, Apt. #, etc. 22 1409		Suite, Apt. #, etc. 27 1409		4. FEI Number 65-0831498	
City & State 23 AVENTURA, FL		City & State 28 AVENTURA, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33180		Zip 29 33180		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent AMSTER 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name SCOTT AMSTER 82 Street Address (P.O. Box Number is Not Acceptable) 3300 NE 192 ST. #1409 83 84 City AVENTURA FL 85 Zip Code 33180	
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 Scott Amster DATE 3/24/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME SCOTT AMSTER					
1.3 STREET ADDRESS 3300 NE 192 ST #1409					
1.4 CITY-ST-ZIP AVENTURA FL 33180					
2.1 TITLE SECRETARY, TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME DANETTE CONNOR					
2.3 STREET ADDRESS 3300 NE 192 ST #1409					
2.4 CITY-ST-ZIP AVENTURA, FL 33180					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:

Danette Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #