PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPLATMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P98000027623

NORTH STAR BUILDERS, INC.

						.,,
Principal Place of Business	Mailing Address					
1856 N.W. 1/19 AVE. PLANTATION FL 33322	1856 N.W. 109 AVE. PLANTATION FL 33322	_	_	DO NOT WRITE IN T	⊢IS SPACE	
		_	. –	3. Date Incorporated or Qualifed		
				03/25/1998		
2. Principa Place of Business 2a. Mailing Address				A FEI Ni mber	Apr lied	For
	26			65-085 1895	Not App	plicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Iditi	
22	27			3. Certilo No of Oresto Dosino	Fee Require	
City & State	City, & State			6. Election Campaign Financing	\$5.00 May	
23	28	_		Trust Fund Contribution	Added to Fe	es
Zip Courtry	Zip	Coun	try	8. This exporation owes the current year		
24 25	29	30		Persor al Property Tax.	Yes I∃N	0
	of Current Registered Agent			10. Name and Address of New Register	red Agent	
	· · · · · · · · · · · · · · · · · · ·	į.	Name			1
SPEDALE, DANIEL		ļ.	82 Street Acdress (P.O. Box Number is Not Acceptable)			
1856 N.W. 109 AVE.		- 1	Jan Sueen Ac	diess (P.O. Box Halliber to Hot Acceptation)	_	
PLANTATION FL 33322		la la	33			
					85 Zip Code	─
		*	34 City	1	FL 85 Zip Code	` \
11 The supplier to the complete of Santing	507.0500 and 607.1508. Florida Statute	es the ehr	ove-named co	rooration submi s this statement for the purpos	e of changing its regis	stered
office or registered agent, or bo h, in the agent. I am familiar with, and accept the	he State of Flonda. Such change was in the obligations of, Section 607.0505. Flor	uthorized I rida Statut	by the corpora	rporation submits this statement for the purposition's board of (firectors, I-hareby accept the a	a cintment as registe	red
SIGNATURE				(mit white reconstitute) DAT		
Signature, typed or printed name of registered agent and title if applicable. (NOT 2: Re			gent signature requ	ADDITIONS/CHANGES TO OFFICERS		N 12
···	CERS AND DIRECTORS	13.		AUDITIONS/CHANGES TO OFFICERS		Addition
THE VESTOENT		1,1 1111.				,
NAME TRANSFER SOF	DAIE 33322	1.2 NAV	· .			ļ
STREET ADDRESS (ASTA)	PAVE DOMESION	1.3 STR	EET ADDRESS			1
CITY-ST-ZIP			-ST-ZIP		Change [N 12 Addition
THE DECIDENCY	THE HOUSE A DELETE	2.1 ที่วัน	1		□ overdo ⊏	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME INDRANCE	Longon	22 NAV	E			1
STREET ADDRESS	Daniel	2.3 STR	EET ADDRESS			1
CITY-ST-ZIP SAME HS _	MANIES	2.4 CIT	Y-ST-ZIP		- 	
TITLE	☐ DELETE	3.1 T/IL	E		☐ Change ☐	Addition
NAME		32 NAM	IE .			1
CETTETT LOODE 20		33STB	FET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify fir 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 asame legal effect as if made under oath; that I am an officer or director of the corpora on or the receiver or trustee empowered to inxecute this report as required by Chapter 807. 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.

34 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

ADDRESS OF STRANG OFFICE A OR DIRECTOR

DELETE

DELETE

DELETE

3/30/99

Daylune Phone #

Change

Change

Change

___ Addition

Addition

Addition

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90159 040 ***150.00