

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90116 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000042088**

1. Corporation Name

**FLORIDA STAR ENTERPRISES, INC.**

Principal Place of Business

2006 S.E. 21ST STREET  
CAPE CORAL FL 33990

Mailing Address

2006 S.E. 21ST STREET  
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/07/1998**

4. FEI Number

**65-0853 036**

☒ 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 **720 EL Dorado Pkwy**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **720 EL Dorado Pkwy**  
Suite, Apt. #, etc.

23 City & State

**Cape Coral FL**

28 City & State

**Cape Coral**

24 Zip

Country

**33914**

29 Zip

Country

**33914**

**FL**

9. Name and Address of Current Registered Agent

**TARACH, JURGEN**  
2006 S.E. 21ST STREET  
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name

**Christine A. Johns**

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

**720 EL Dorado Pkwy W**

83

84 City

**Cape Coral**

**FL**

85 Zip Code

**33914**

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

*Christine A. Johns*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**D**

NAME

**TARACH, JURGEN**

STREET ADDRESS

**2006 S.E. 21ST STREET**

CITY-ST-ZIP

**CAPE CORAL FL 33990**

TITLE

**D**

NAME

**ZUCK-TARACH, GERTRUD**

STREET ADDRESS

**2006 S.E. 21ST STREET**

CITY-ST-ZIP

**CAPE CORAL FL 33990**

TITLE

**PST**

NAME

**ZUCK-TARACH, GERTRUD**

STREET ADDRESS

**2006 S.E. 21ST STREET**

CITY-ST-ZIP

**CAPE CORAL FL 33990**

TITLE

**VP**

NAME

**ZUCK, CHRISTIAN**

STREET ADDRESS

**2006 S.E. 21ST STREET**

CITY-ST-ZIP

**CAPE CORAL FL 33990**

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Gertrud Zuck-Tarach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gertrud Zuck-Tarach*

Date

**2/2/99 941-540 8415**

Daytime Phone #

CR2E034 (11/98)