


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90134 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000045454

1. Corporation Name

CONSTELLATION CAPITAL, INC.

Principal Place of Business

C/O KOTTLER CAPITAL GROUP LLC
6001 BROKEN SOUND PARKWAY SUITE 600
BOCA RATON FL 33487

Mailing Address

C/O KOTTLER CAPITAL GROUP LLC
6001 BROKEN SOUND PARKWAY SUITE 600
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1998

4. FEI Number

05-0844559

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

21 904 CONSTELLATION MERCHANT GROUP

Suite, Apt. #, etc.

22 904 FOREST GLEN LANE

City & State

23 WELLINGTON, FL

Zip Country

24 33414**25**

2a. Mailing Address

26 904 CONSTELLATION MERCHANT GROUP

Suite, Apt. #, etc.

27 904 FOREST GLEN LANE

City & State

28 WELLINGTON, FL

Zip Country

29 33414**30**

9. Name and Address of Current Registered Agent

COBB, THOMAS C
1399 S.W. FIRST AVENUE
SUITE 301
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name TERRY TEMESCU
82 Street Address (P.O. Box Number is Not Acceptable) 904 FOREST GLEN LANE
83
84 City WELLINGTON FL
85 Zip Code 33414

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

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

(NOTE: Registered Agent signature required when reinstating)

4/29/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TEMESCU, TERRY	
STREET ADDRESS	904 FOREST GLEN LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOTTLER, MARK	
STREET ADDRESS	6001 BROKEN SOUND PARKWAY SUITE 600	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
561-703-4774
Daytime Phone #

CR2E034 (11/98)