FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90003 015 ***550.00

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

DOCUMENT # P98000048240 1. Corporation Name

STARSOULS, INC.

Principal Place of Business		Mailing	Mailing Address			/ .ug/igs: 112 12/01 1	2011 WG SBIIL BJIJ: E/861	
P.O. BOX 48943			P.O. BOX 48943					
SARASOTA FL 34230-5943		SARAS	SARASOTA FL 34230-5943			DO N	OT MOITE IN THIS SOA	CE
1						3. Date incorporated or 9	OT WRITE IN THIS SPA	
						05/27/1998	# Wild	
2. Principal Pi	lace of Business	2a Mai	iling Address			4. FEI Number		Applied For
21	~	26				65084286	24	Not Applicable
Suite, Apt.	#, etc.		te, Apt. #, etc.					8.75 Additional
22		27				5. Certificate of Status D	esiled LJ .	Fee Required
City & State	e	City	& State			6. Election Campaign Fi	nancing	5.00 May Be
23		28		,		Trust Fund Contribution	on 📙	Added to Fees
Zip	Country	Zip		Cour	ntry	8. This corporation owes	·	Def.
24	25	29		30		Intangible Personal Pi		
ļ	9, Name and Address of	Current Registered	d Agent		04 1	10. Name and Address	of New Registered Ager	nt
ഭവ	ULD, CONNIE			}	81 Name			
	8 WINDWARD AVE: \			ļ	82 Street A	ddress (P.O. Box Number is No	t Acceptable)	
l	PASOTA FL 34242	•		-		27 IXORA AV	<u> </u>	
) SAI	TOO IN I LOTETE)	83 SA	RASOTA, FL.	34234)
				ļ	84 City		8	
						SARASOTA	FL	34234
11. Pursuant	to the provisions of sections f	607.0502 and 607.15	08, Florida Statute	es, the abo	ve-named cor	poration submits this statement	for the purpose of changing	ng its registered
office or	registered agent or both in th	ne State of Florida S	Such change was:	authorized	by the corpor	ation's board of directors. I here	by accept the appointme	ni as registereu i
office or	registered agent, or both, in the manufacture am familiar with, and accept the	ne State of Florida. S ne obligations of, sec	Such change was a ction 607.0505, Fl	authorized	by the corpor	ation's board of directors. I here	eby accept the appointme	ili as registered
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6.4 CITY-ST-ZIP

SIGNATURE:

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.