**PROFIT** CORPORATION ANNUAL REPORT

1. Corporation Name



## FLORIDA DEPARTMENTIOF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90096 044 \*\*\*150.00

## 1999 DOCUMENT # P98000052510

HISING STARS OF SARASOTA, INC.					
Principal Place of Business	Mailing Address			1101 Billio 1964 i demi eren maxi ibar	-
•	3909 17TH AVENUE WEST				•
3909 17TH AVENUE WEST 3909 17TH AVENUE WEST BRADENTON FL 34206 BRADENTON FL 34205			DO NOT WRITE IN TI	HIS SPACE	•
			3. Date incorporated or Qualifed		了·
			06/09/1998		1.
2. Principal Place of Business	2a. Mailing Address	11 0	4. FEI Number	Applied For	
	26 5580 SUN	iff Rd.	165-0845249	Not Applicable	, ]
21 55 80 Swift Rd. Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional	7
	27		5. Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Surasota Florida	28 SAVASOTA	Plorida	Trust Fund Contribution	Added to Fees	_
Zip Country	Zip / a - 1	Country )	8. This corporation owes the current year	Intangible	- }
24 34-231- 25 Sarusota	-1291-3423-1-17	-Sarasoto	Personal Property Tax:	Yes No	<u>-</u>
9. Name and Address of Current			10. Name and Address of New Register	ed Agent	4
CTEMPOLE MOICE DA		81 Name			
STEPHEN F. VOIGT, P.A. 2414 BEE RIDGE RD		82 Street Address (P.O. Box Number is Not Acceptable)			-
SARASOTA FL 34239		83			7
		84 City		85 Zip Code	7
		1 1 1		<b>-</b> L   **	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State (agent, I am familiar with, and accept the obligate).			oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered	
SIGNATURE Signature, typed or printed name of regolated agent	and this if amicable (NOTE: R	agistared Agent signature required	d when reinstating) DATE		_   _
42 OFFICERS AND		12	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	_  ହ
me President	☐ DELETE	1.1 TITLE V	ice - president	☐ Change ☐ Additio	5 5 5 CR2E034 (11/98)
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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 eath; 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. CITY-ST-ZIP

6.4 CITY-ST-ZP

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR