## PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000054509 1. Corporation Name POLAR STAR GROUP, INC.

## **FILED** May 07, 1999 8:00 am Secretary of State 05-07-1999 90070 020 \*\*\*150.00

Principal Place of Business Mailing Address						-		
2730 CENTRAL AVENUE 2730 CENTRAL AVENUE								
ST. PETERSBUF		ST. PETERSBURG FL 33712				DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified 06/17/1998		
2. Principal P	ace of Business	2a. Mailing Address				4, FEI Number Applied For	]	
21		26				59-3522930 Not Applicable	]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required		
City & State		City & State	City & State			Election Campaign Financing     Trust Fund Contribution     S,00 May 8a     Added to Fees		
Zip Country		Zip Country			8. This corporation owes the current year Intangible	1		
24	25	293	30			Personal Property Tax. Yes No	1	
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Registered Agent	4	
				B1	Name		1	
	ENTE, ANTHONY P JR. ESQ	ŀ		82	Street Address (P.O. Box Number is Not Acceptable)		1	
	CENTRAL AVENUE			05001740		_		
ST. F	PETERSBURG FL 33712			83		· · · · · · · · · · · · · · · · · · ·	ĺ	
				84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	the a	bove	-named cor		1	
office or n agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga	of Fiorida. Such change was aut tions of, Section 607,0505, Florid	horized la Stati	jbyt ⊔tes.	the corporat	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
SIGNATURE		MOTE:		Aneni	sicrifican remai	ned when reinstating) DATE	ے ا	
Signature, typed or printed name of registered agent and title if approache  (NOTE: Re  12. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	] &	
TITLE	D	☐ DELETE	13. 1,1 Π	TLE		☐ Change ☐ Addition	CR2E034 (11/98)	
NAME	MELILLO, DENISE L		1,2 N	AME.			इ	
STREET ADDRESS	1150 PARK STREET NORTH		13.51	REET.	ADDRESS		18	
CITY-ST-ZIP	ST. PETERSBURG FL 33710			TY-ST			ያ [	
TITLE	01.10.000.00.00.00	DELETE	2.1 ∏			☐ Change ☐ Addition	0	
NAME			2,2 NAME		- 1		]	
STREET ADDRESS	}		2351	REET	ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			1	
TIRE	☐ DELETE		_	3.1 TITLE		☐ Change ☐ Addition	1	
NAME	}		3.2 NA		}		{	
STREET ADDRESS			3.3 STREET A		ADDRESS		1	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		r-zip		1	
TITLE		☐ DELETE 4		4,1 TITLE		☐ Change ☐ Addition	1	
NAME	4.)		4.2 N	AME			1	
STREET ADDRESS	NESS .		4.3 51	4.3 STREET ADDRESS			ł	
CITY-ST-ZIP	4		4,4 CI	TY-57	.zp		}	
MILE	<u> </u>	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	1	
NAME			5.2 NAME				1	
STREET ADDRESS	}		5.3 STRE		ADDRESS		}	
CITY-ST-ZIP				TY-ST	-ZIP		4	
TITLE		☐ DELETE	6.1 TT	TLE	_	☐ Change ☐ Addition		
NAME	<u> </u>		6.2 NAME		1			
STREET ADDRESS			6.3 57	REET	ADDRESS			
ATTY 07 780			84 CI	TY-ST	-ZIP		]	
14. I hereby	certify that the information supplied w	th this filling does not qualify for t	he axe	mptic	on stated in	Section 119.07(3)(i), Florida Statutes, I further certify that the information re shall have the same legal effect as if made under oath; that I am an		

mpowered of execute this report as required by Chapter 607. Florida Statutes; and that my name appears in ddress, with all other like empowered. indicated on this annual report or supplemental annual report of supplemental annual report of the receiver or trustee of Block 12 or Block 13 if changed, or on an attachment with an

SIGNATURE: