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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800060777

1, Corporation Name

FIRST STAR FINANCIAL, INC.

Prin	cipal	Place	of	Business
1700	CTAI	EADD	n	5

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90009 021 \*\*\*158.75



	<u> </u>			-				
Principal Place of Business	Mailing Address	Mailing Address			`			
709 Stafford DR Orlando FL 32809	1709 STAFFORD DR ORLANDO FL 32809			. DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 07/08/1998				
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For			
1	26			59-3353429	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be			
3	28			Trust Fund Contribution	Added to Fees			
Zip Country	Zip Co	Zip Country		8. This corporation owes the current year In	ntangible			
4 25	29 30	30		Personal Property Tax.	¥es □No			
g. Name and Address	of Current Registered Agent		10. Name and Address of New Registered Agent					
OMETA DADDADA I		81	Name					
Smith, Barbara J 1709 Stafford dr			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32809		83						
		84	- 7	FI				
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				when reinstation) DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE								

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. DELETE ☐ Change Addition 1.1 TITLE TITLE MARIA A SMITH SMITH, BARBARA J 1.2 NAME NAME 2819 BONGART RD 1709 STAFFORD DR 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 ORLANDO FL 32809 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

BARBARA SMITH 4 28 99