## . iLE 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 # P98000064871

STAR RESOURCES INC

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90032 020 \*\*\*158.75

Principal Plac	e of Business	Mailing Address				- I EDDITORI HA INIMI TOTAL OBITE NOVE BRELL OBLICO BIL	il <b>biod</b> i i <b>c</b> iii ii	
933 CRESTVIEN		933 CRESTVIEW CIRCLE						
WESTON FL 33327 WESTON FL 33327								
						DO NOT WRITE IN THIS S	PACE	
•						3. Date Incorporated or Qualifed 07/21/1998		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	App	lied For
21		26				65-0850012	Not	Applicable
Suite, Apt.	#,,etc.	- Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22	<del></del>	27				S. Garanda di Diana Doorida	Fee Req	uired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00 N	·
23		28				Trust Fund Contribution	Added to	Fees
Žip	Country Zip			Country		8. This corporation owes the current year Intan		I
24	25	29	30	Γ		1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		31/0
<del></del>	9. Name and Address of Curren	it Registered Agent		81 Na		10. Name and Address of New Registered Ac	jent	
Mill	.er, russell					<u> </u>		
933 CRESTVIEW CIRCLE				82 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)	<del></del> -	
	STON FL 33327			83	<del></del> -		·	
			ŀ	83				ļ
				84 Cit	<del>,</del>	FL	85 Zip Co	ode
44 Pursuant	to the provisions of Sections 607.050	2 and 607 1509 Florida Statut	as the si		and corner	ration submits this statement for the purpose of ch	angina its s	ogistorod
office or r	registered agent, or both, in the State	of Florida. Such change was a	uthorized	by the c	orporation	i's board of directors. I hereby accept the appointr	nent as regi	stered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statu	utes.				
SIGNATURE	Signature, typed or printed name of registered agen	et and title if annicable (NOTE	Busintend	A sent siese	ura considered t	when reinstating) DATE		
12.	<del></del>	ID DIRECTORS	13.	Agent signa	uie required e	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	DPT	☐ DELETE	1.1 TI	 TLE		<del>~_~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	Change	Addition
NAME	MILLER, RUSSELL H		1.2 NA	AME		•	- •	_
STREET ADDRESS	933 CRESTVIEW CIRCLE		ı	TREET ADDR	ESS			}
CITY-ST-ZIP	WESTON FL 33327		- 1	TY-ST-ZIP		•		
TITLE	SDV	DELETE	2.1 Ti7		_	· · · ·	Change	Addition
NAME	RAMO, NEIL A		22 NA	ME				
STREET ADDRESS	2 GROVE ISLE DR. APT. 810				F	•		
CITY-ST-ZIP	COCONUT GROVE FL 33133		23.51		-SS			
	COCONO GROVE PL 33 133	•		REET ADDR	ESS .	and the second of the second o		
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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 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

1/27/99 9

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