Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90019 030 \*\*\*150.00

## 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 # **P98000070213**

1. Corporation Name

DURASTAR CORP.

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सम्बद्धिकारम् ।					
Principal Place	e of Business	Mailing Address		f \$0014001 tra souts retti motti optic politi obiti obiti attis stori trano usi cant	
9 POINCIANA D		9 POINCIANA DRIVE			
KEY LARGO FL 33037 KEY LARGO FL 33037					
X				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				08/12/1998	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21		26		65-0857678 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired -	
22		27		5. Certificate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	This corporation owes the current year Intangible	
24	25	29 3	10	Personal Property Tax. Yes Mo	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
81 Name E			lizabeth D. Starzyk		
AMERILAWYER			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
343 ALMERIA AVENUE			<u> </u>	inciana Drive	
CORAL GABLES FL 33134			83		
			84 City 1/	85 Zip Code	
*.** •.			- Fire	ry Largo FL 33037	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-named corp	poration 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.					
	Elia 0/4+1 1) S	to 1211		April 26,1999	
SIGNATURE Signature, broad or printed name of registered agent and title Washington. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition	
NAME	STARZYK, JOSEPH K		1.2 NAME	•	
STREET ADDRESS	9 POINCIANA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY-ST-ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE	Change Addition	
NAME	STARZYK, ELIZABETH D		2.2 NAME	• •	
STREET ADDRESS	9 POINCIANA DRIVE		2.3 STREET ADDRESS	·	
CITY-ST-ZIP	KEY LARGO FL 33037		2. 4 CITY-ST-ZIP		
TITLE	k '	DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS	,		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>'</b>		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Additio	

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.

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Addition

☐ Addition

☐ Change

Change