

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000073704

1. Corporation Name

STAR CONNECTIONS INC.

SIMI COMMEDMAN	
• .	
Principal Place of Business 38621 FERM CIRCLE ZEPHYRHILLS FL 33540	Mailing Address
	38621 FERM CIRCLE ZEPHYRHILLS FL 33540

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90130 044 ***150.00



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EPHYRHILLS FL	33540	SEAMLINHINGS LT 20240	PHYRHILLS FL 33540		DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed	
				_	09/01/1998 Applied For	
		2a. Mailing Address			4. FEI Number	
- Hudhai Fisca of Boomson				5-9-35-35-399		
<u>1</u>		26 - Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
Suite, Apt. #,	etc	27				
2		City & State			6. Election Campaign Financing S5.00 May Be Added to Fees	
City & State	•	⊢ ,			Trust Fund Contribution	
3 Zip Country		try	8. This corporation owes the current year Intangible			
Zip	Country	29 30		_	Personal Property Tax.	
4	9. Name and Address of Curren				10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	It Kegister oo Agon	1	31 Name	·	
0./50	ACTORET MARION S		Ļ	an Charat Addr	ess (P.O. Box Number is Not Acceptable)	
	ISTREET, MARION S		1	82 Street Addr		
38621	1 FERM CIRCLE		ļ,	83		
ZEPH	IYRHILLS FL 33540				85 Zip Code	
				84 City	F1	
					poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
44 Dureuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the au thorized	by the corporation	on's board of directors. I hereby accept the appointment as registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga-	ations of, Section 607.0505, Flor	ida Statu	tes.	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
agent. i ar	Ti latilillar with, and decept the 5					
SIGNATURE	Signature, typed or printed name of registered ago	alit durb and a shi are		Agent signature require	ACRITICAL CITAL ANGLES TO OFFICE ROAD DIVERS TO THE COLOR OF THE COLOR	
	OFFICERS A	ND DIRECTORS	13.	_ 	ADDITIONS/CHARGES Additio	
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NAME	38621 FERM CIRCLE		1.3 ST	REET ADDRESS		
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NAME STREET ADDRES	ss)		6.3	STREET ADDRESS	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

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.