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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90184 005 ***150.00

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DOCUMENT #	P980000827	47

1. Corporation Name

7 STAR	Group, Inc.					
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Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		BB BB BB	O:O() #8: IAE!
2240 WOOLBRI	SHT ROAD	2240 WOOLBRIGHT ROAD				
SUITE 323	un tione	SUITE 323				
BOYNTON BEA	CH FL 33426	BOYNTON BEACH FL 33426			RITE IN THIS SPACE	
				3. Date Incorporated or Qualife	ed	
				09/24/1998		
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number		oplied For
21		26		65-086303	ر No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	
22		27		5. Certificate of Status Desired	Fee Re	equired
City & State)	City & State		6. Election Campaign Financin	g \$5.00	May Be
23	•	28		Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country	8. This corporation owes the co		
24	25	29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of	Current Registered Agent		10. Name and Address of Nev	v Registered Agent	
			81 Name		1	-
AME	rilawyer		82 Street Ad	ONIA TZMIRCIAN dress (P.O. Box Number is Not Acce	ntoble)	
343	almeria avenue		82 Street Ad	538 MAPLE CHAS	CR XAIVE	
COR	AL GABLES FL 33134		83	406 2777 00 077170	30 0	
			<u></u>			
•			84 City	1		Code
44 Dumouant	to the provisions of Soctions 6	107 0502 and 607 1509 Florida Statute	the above parced co	TCA RATON		registered
11. Pursuant	to the provisions of Sections 6	i07.0502 and 607.1508, Florida Statute • State of Florida. Such change was au	s, the above-named conthorized by the corpora	TCR TCA TCA reporation submits this statement for the statement of the statement of directors. I hereby according to the statement of the sta		registered gistered
11. Pursuant office or re agent. I a	to the provisions of Sections 6 egistered agent, of both, in the m familiar with, and accept the	607.0502 and 607.1508, Florida Statutes e State of Florida. Such change was au e obligations of Section 607.0505, Flori	s, the above-named co thorized by the corpora da Statutes.	TCR INATION reporation submits this statement for the statement of directors. I hereby according to the statement of the sta		registered gistered
11. Pursuant office or reagent. I a	/ Soma	Smull - ONIA	s, the above-named conthorized by the corporada Statutes.	rporation submits this statement for the statement for the statement for the statement of directors. I hereby accounts the statement for the statement of the statement for the statement of the		registered gistered
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, types o printed name of or printed party of pr	Lergil agent and title if applicable (NOTE: FERS AND DIRECTORS) DELETE	s, the above-named controlled by the corporal da Statutes. Registered Apent signature required 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	rporation submits this statement for the stateme	he purpose of changing its cept the appointment as re	registered gistered
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typeyor printed name of operations of the printed part	Lengt agent and title if applicable. (NOTE: FERS AND DIRECTORS DELETE AD 3426	s, the above-named controlled by the corporal da Statutes. ZAME A A	rporation submits this statement for the stateme	he purpose of changing its cept the appointment as re	registered gistered DRS IN 12
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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 by 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: ,

STREET ADDRESS

432-5/62