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 # P98000086426 Corporation Name

STAR CLUB, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90024 005 ***150.00



Principal Place of Business Mailing Address					e tourious tid abiet totit Educi aus	11 4441 85181 45118 G111 51511	F ***** #!!! F#!
300-71ST STREET.STE.620 300-71ST STREET.STE.620						•	
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/07/1998	_	
Principal Place of Business 2a. Mailing Address				·····	4. FEI Number	Ar	pplied For
26					05-08-13-7	7.3 No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			-		5. Certifcate of Status Desired	7	Additional
22		27			or contracts of class becomes	Fee Re	equired
City & State City & State					6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Countr	ry	8. This corporation owes the curre	ent year Intangible Yes	□No
24	25	29	30		Personal Property Tax. 10. Name and Address of New R		
	9. Name and Address of Curren	t Registered Agent	8	1 Name	IV. Name and Address of New K	sgistered Agent	
BES	SER, RICHARD						
300-71ST STREET,STE.620			8:	82 Street Address (P.O. Box Number is Not Acceptable)			
l	MI BEACH FL 33141		8:	3			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0	<u> </u>	·		
}			8.	4 City		FL 85 Zip	Code
44 5		0 C07 4500 Florido Chete		us named sar	poration submits this statement for the I	ournose of changing its	renistered
l office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a	utnorized b	v the corporat	tion's board of directors. I hereby accept	the appointment as re	gistered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE: R 12. OFFICERS AND DIRECTORS				istered Agent signature required when reinstating) DATE DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		ORS IN 12	
TITLE	PD OFFICERS AN	D DELETE	1,1 TITLE		ADDITIONS/INNOES TO OFF	Change	Addition
NAME	BESSER, RICHARD		1.2 NAME	ĺ			_
STREET ADDRESS	300-71ST STREET,STE.620			ET ADDRESS			
1	MIAMI BEACH FL 33141		1.4 CITY-				
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	BESSER, RICHARD		2.2 NAME			·	
STREET ADDRESS	300-71ST STREET,STE.620			ET ADDRESS	•		
CITY-ST-ZIP	MIAMI BEACH FL 33141		2.4 CITY				
TITLE	ST ST	☐ DELETE	3.1 TITLE			Change	Addition
NAME	BESSER, LIANA		3.2 NAME			•	
STREET ADDRESS	300-71ST STREET,STE 620			ET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141		3.4. CITY-		•		
TITLE	CONTRACTOR OF THE COURT	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	E			
STREET ADDRESS	•		4.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	:	•		
STREET ADDRESS			5.3 STRE	ET ADDRESS		•	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			62 NAME	<u> </u>			
STREET ADDRESS		<u> </u>	6.3 STRE	ET ADDRESS			
000, 07 70	•		64 CITY	ST. 710			

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 of 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR