

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

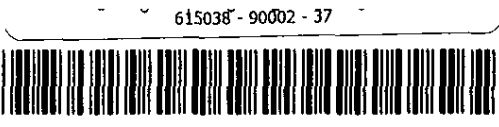


FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90002 037 ***550.00

DOCUMENT # P98000086590
Corporation Name

MEGA STAR FINANCIAL GROUP, INC.

Principal Place of Business
WEST CAMINO REAL
BOCA RATON FL 33432
Mailing Address
175 WEST CAMINO REAL
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1998	
4. FEI Number 65-0898635	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent PLATTER, WILLIAM L 175 WEST CAMINO REAL BOCA RATON FL 33432	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
Pres Robert Cournoyer		☐ DELETE		1.1 TITLE		☐ Change ☐ Addition	
3500 Mystic Pointe Dr #2103				1.2 NAME			
Aventura, FL 33180				1.3 STREET ADDRESS			
		☐ DELETE		1.4 CITY-ST-ZIP			
				2.1 TITLE		☐ Change ☐ Addition	
				2.2 NAME			
				2.3 STREET ADDRESS			
		☐ DELETE		2.4 CITY-ST-ZIP			
				3.1 TITLE		☐ Change ☐ Addition	
				3.2 NAME			
				3.3 STREET ADDRESS			
		☐ DELETE		3.4 CITY-ST-ZIP			
				4.1 TITLE		☐ Change ☐ Addition	
				4.2 NAME			
				4.3 STREET ADDRESS			
		☐ DELETE		4.4 CITY-ST-ZIP			
				5.1 TITLE		☐ Change ☐ Addition	
				5.2 NAME			
				5.3 STREET ADDRESS			
		☐ DELETE		5.4 CITY-ST-ZIP			
				6.1 TITLE		☐ Change ☐ Addition	
				6.2 NAME			
				6.3 STREET ADDRESS			
		☐ DELETE		6.4 CITY-ST-ZIP			

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.

SIGNATURE: [Signature] 9-7-99 8083000 305

CR2E034 (5/99)