

SECOND 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).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90012 001 \*\*\*150.00  
 07-27-1999 90012 002 \*\*\*400.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000088171  
 1. Corporation Name  
**STARBUCK CTC, INC.**



Principal Place of Business: 9868 EL GRECO CIR. BONITA SPRINGS FL 34135  
 Mailing Address: 9868 EL GRECO CIR. BONITA SPRINGS FL 34135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/15/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3541725	
22		27		5. Certificate of Status Desired	
City & State		City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution	
Zip		Zip		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
Country		Country		8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**STARBUCK, JAMES R**  
**9868 EL GRECO CIR.**  
**BONITA SPRINGS FL 34135**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. 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.

SIGNATURE James R Starbuck DATE July 1, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<del>V.P.</del>	<input type="checkbox"/> DELETE
NAME	<del>Marti L. Starbuck</del>	
STREET ADDRESS	<del>9868 EL GRECO CIR</del>	
CITY-ST-ZIP	<del>Bonita Springs, FL 34135</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marti L. Starbuck	
1.3 STREET ADDRESS	9868 EL Greco Cir	
1.4 CITY-ST-ZIP	Bonita Springs FL 34135	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: James R Starbuck DATE July 1, 1999 Daytime Phone # 941-948-9800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100879

CR2E034 (5/99)

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596295-90012-1

## MEMORANDUM

From Jim Starbucks office telephone # (toll free) 877-371-6000, fax: 941-948-5713 Pager 800-710-3715

**DATE:** JULY 7, 1999  
**FROM:** JIM STARBUCK  
**TO:** Secretary of State of Florida  
**RE:** Corporation Annual Report, Starbuck, CTC INC.

Dear Secretary of State

June 30, 1999, I received a 2<sup>nd</sup> Notice with Penalty, request for an annual report for Starbuck, CTC inc.

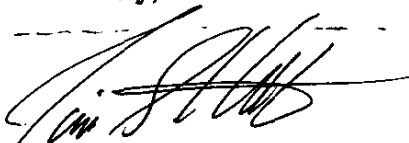
I am submitting my annual report with this memo. My problem is that I never received the first notice to file. This may be as a result of the corporation being formed during the 4<sup>th</sup> quarter of 1998. Possibly the information on Starbuck, CTC, inc., did not process properly within state records and my annual report request was never forwarded to me. For whatever reason, I did not receive the initial request to file the annual report.

I am submitting two corporate checks with this report. One for \$150.00, (normal filing fee) and one for \$400.00, (penalty fee).

It is impossible for me to submit a report when I have not received a notice for the same. I would not have known what information would be required.

I hereby request that the penalty fee of \$400.00 be withdrawn and the State of Florida accepts the normal fee of \$150.00.

Sincerely,



Jim Starbuck