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 # P98000089822

1. Corporation Name

ANDERSTAR, INC.

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90148 011 ***150.00



			,							
Principal Place of Business Mailing Address							[18811881 118 18181 18111 88111 88111		18 18181 IBNS 11	916 1161 1551
2201 CANTU COURT. SUITE 200 2201 CANTU COURT. SUITE 200 SARASOTA FL 34232 2201 CANTU COURT. SUITE 200 SARASOTA FL 34232							DO NOT WRITE	IN THIS S	PACE	
							3. Date Incorporated or Qualifed 10/19/1998			
2. Principal Pla	ace of Business	2a. Mailing Addres	s				4. FEI Number 65-0898	154	Appl	lied For Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								3	\$8.75 Ac Fee Req	
City & State		City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	
Zip 24	Country Zip Cou					-	8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Current Registered Agent							10. Name and Address of New Re-	istered A	gent	
STARLING, FRED M					Name				_	
2201 CANTU COURT, SUITE 200					82 Street Address (P.O. Box Number is Not Acceptable) 83					
SARASOTA FL 34232					•					j
					SA City . FL 85 Zip Cox					
office or re	to the provisions of Sections 607.050 agistered agent, or both, in the State or familiar with, and accept the obliga	of Florida, Such change	i was aumonz	ea ov	the corboi	corpora ration'	ation submits this statement for the push board of directors. I hereby accept	rpose of c he appoint	nanging its r ment as reg	egistered istered
SIGNATURE								DATE		<u> </u>
	Signature, typed or printed name of registered age		(NOTE: Register		nt signature rec	quired w	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
12		ID DIRECTORS		TMLE		·	ADDITIONS/OFFARGES TO GETT		Change	Addition
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NAME }	Official of the m			NAME	- +					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					1.4 CITY-ST-ZIP				Change	Addition
TILE	· · · · · · · · · · · · · · · · · · ·			2.1 TITLE					onango	
NAME				2.2 NAME]
STREET ADDRESS	- ALGO			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						1
CITY-ST-ZIP		□ DEI		TITLE	SI-ZIP			· · · ·		Addition
TITLE (_ · · · · · · · · · · · · · · · · · · ·			3.2 NAME					_ ,	_
Testing.				3.3 STREET ADDRESS			•			
STREET ADDITESS				3.4. CITY-ST-ZIP						
CITY-ST-ZIP				TITLE	51-212				Change	Addition
TITLE				NAME						

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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

REOLFRED M. STARLING

3/18/99

941-378-1740

Change

Change

Addition

Addition