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 # P98000093759

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

NORTHSTAR HOLDINGS, INC.

D :	(8)	Mailin Address	_ 4		_				
Principal Place of Business Mailing Address					Ì				
6561 CASCADE BOYNTON BEAC		BOYNTON BEACH FL 33437	6561 CASCADE ISLE BLVD ROYNTON REACH EL 33437			•			
BUTHTUH BEAN	OH FE 33457	DOTATON DENOTT E SUPER			DO NOT WRITE IN THIS SPACE				
					3. Date Inco	orporated or Quali	fed		
2. Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Num	ber 0005	1 50	- '`	olied For
21		26			65	-0885	637		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate	of Status Desire	d 🗆	\$8.75 A	
City & State		City & State			6. Election Campaign Financing S5.00 May Be				
23		28			1	nd Contribution	D	Added to	
Zip 24	Country 25	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Curren				10. Name ar	nd Address of No	w Registered	J Agent	
			8	1 Name					
ETTINGER, DAVID			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)				
6561 CASCADE ISLE BLVD							<u>. </u>		
BOYNTON BEACH FL 33437			18	83					
			8	4 City			FI	85 Zip C	ode
office or re agent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agen	of Florida, Such change was au tions of, Section 607.0505, Flori	ithorized t ida Statut	es.	tion's board of direction's board of directions	ectors. I hereby a	ccept the appo	intment as reg	jistered
12.	OFFICERS AN	D DIRECTORS	13.		ADDITION	IS/CHANGES TO	OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLS			•	·	Change	Addition
NAME	ETTINGER, DAVID		1.2 NAM		_			•	
STREET ADDRESS	-6561 CASGADE ISLE BLVD		1.3 STRI	ET ADDRESS	7103 En BOUA	cina La	10e -		_
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY	-ST-ZIP	BOLA	Raton	FL 3	<u>, 34 3 .</u>	5
TITLE		☐ DELETE	2,1 TITL					Change	Addition
NAME			2.2 NAM	E					ļ
STREET ADDRESS			2.3 STR	ET ADDRESS					ĺ
CITY-ST-ZIP			_	-ST-ZIP		 		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITL				~	☐ Citalige	
NAME			3.2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		☐ DELETE		-ST-ZIP				Change	Addition
TITLE			4.1 TITL	1				الساح السائم	
NAME			4. 2 NAN						
STREET ADDRESS				EFT ADDRESS					
CITY-ST-ZIP		□ DELETE	4.4 CITY 5.1 TITL	-ST-ZIP				Change	Addition
TME			3.1 IIIL	- 1					

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.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90098 026 ***150.00

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☐ Addition

Change