**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000097559

1. Corporation Name

STAR POINTS CAPITAL, INC.

Principal Place	e of Business	Mailing Address			1 (001)001	18 18181 IŞIN BENI BENI BENI BENI	. 44114 14111 18861 8118	, #:::# :#:: :##:
4600 W KENNEDY BLVD. 4600 W KENNEDY SUITE 100 SUITE 100 TAMPA FL 33609 TAMPA FL 33609			VD.			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorpor	_		
Principal Place of Business 2a. Mailing Address					4. FEI Number	17047	<del></del>	oplied For
21		26			54-35	X 104 1		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of 8	Status Desired	·	Additional equired
, , , , , , , , , , , , , , , , , , , ,		City & State	City & State		6. Election Campaign Financing S5.00 May Be			
23		28			Trust Fund Co	ontribution	Added	to Fees
Zip					8. This corporati	on owes the current ye	ear Intangible	
24	25 29 30		10	Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and A	ddress of New Regis	tered Agent	
	•		81	Name				
SALEM, ALBERT M JR , Arry. 4600 W KENNEDY BLVD.				Street	Address (P.O. Box Numb	ress (P.O. Box Number is Not Acceptable)		
SUIT	E 100		83			· · · · · · · · · · · · · · · · · · ·	***	
TAM	PA FL 33609							
			84	City			FL 85 Zip	Code
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	e of Florida, Such change was aut	thonzed by	the corp	corporation submits this praction's board of director	statement for the purposes. I hereby accept the	ose of changing its appointment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title of applicable. (NOTE: F	Registered Agent	t signature r	equired when reinstating)		TE	
12.	OFFICERS AND DIRECTORS					HANGES TO OFFICE		
TITLE	D DELETE		1.1 TITLE		P		☐ Change	<b>Addition</b>
NAME	SALEM, ALBERT M JR		1.2 NAME PE		Perer J. G	a RoH		
STREET ADDRESS	STREET ADDRESS 4600 W KENNEDY BLVD. STE 100			ADDRESS	TAMPA FL	NESYBLUS S	TE 100	
CITY-\$T-ZIP	TAMPA FL 33609		1.4 CITY-ST	-ZIP	TAMPA FL :	33669		
πιε	☐ DELETE		2.1 TITLE S		SD		☐ Change	☐ Addition
NAME			22 NAME		Anne S. HA	MPTON	c.i	
STREET ADDRESS	ss		2.3 STREET ADDRESS 4-(		4600 W. KE	UNEDY BLU	00 25 00	
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	TAMPA FL	_ 33609		
TITLE -	☐ DELETE		3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS	ADDRESS		3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE	☐ DELETE		4.1 TITLE			,	☐ Change	☐ Addition
NAME	4.1		4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZiP			4.4 CITY-ST					
TITLE			5.1 TITLE				☐ Change	Addition
NAME		<u></u>	5.2 NAME				-	
			3.∠ NAME		į.			
STREET ADDRESS			5.3 STREET	ADDRESS				
			5.3 STREET					
CITY-ST-ZIP		□ DELETE					☐ Change	☐ Addition

14. 1 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90171 010 \*\*\*150.00