


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90073 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000100290					
1. Corporation Name NORTH STAR GAS, INC.					
Principal Place of Business 104 SHELL FLOWER COVE WINTER SPRINGS FL 32708			Mailing Address 104 SHELL FLOWER COVE WINTER SPRINGS FL 32708		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1998	
21		26		4. FEI Number 59-3542483	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent CLARK, JOHN 911 S. PARSONS AVE.VE BRANDON FL 33511			10. Name and Address of New Registered Agent		
			81	Name Javid owji	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83	104 Shen Flower cove	
			84	City winter Springs	85 Zip Code FL 32708
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 Javid owji <i>[Signature]</i> 3/27/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			1.1 TITLE President		
NAME			1.2 NAME Javid owji		
STREET ADDRESS			1.3 STREET ADDRESS 104 shell Flower cove		
CITY-ST-ZIP			1.4 CITY-ST-ZIP winter springs FL 32708		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: **JAVID OWJI** *[Signature]* **3/27/99** (407)366-0062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)