## 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** 

i. Corporatio	MEN # <b>P98000</b> E STAR, INC.	106176			
Principal Plac	re of Rusiness	Mailing Address			
		_		·	
2323 HALEY CT KISSIMMEE FL 34741		2323 HALEY CT KISSIMMEE FL 34741			
			•	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 12/22/1998	
2. Principal F	Place of Business	2a. Mailing Address	•	4. FEI Number Applied For 2/2/99 Not Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Addition	nal
22		27		Fee Required	
City & Star	te	City & State	·	6. Election Campaign Financing \$5.00 May Be Added to Fees	
Zip	Country	Zip ·	Country	8. This corporation owes the current year Intangible	
24	25		30	Personal Property Tax.  Yes No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent	
KISH, DEBORAH 2323 HALEY CT KISSIMMEE FL 34741			82 Street / 83 84 City	Address (P.O. Box Number is Not Acceptable)	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	red
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes.		_
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE		☐ DELETE	1.1 TITLE		ddition
NAME			1.2 NAME	Deworah Kish	
STREET ADDRESS			1.3 STREET ADDRESS	2313 Haley Court	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Kissimmer, FL 34741	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ A	ddition
NAME	<u> </u>		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	i .		2. 4 CITY-ST-ZIP		
TITLE	-	DELETE _	3.1 TITLE	Change 🖸 A	ddition
NAME	l		3.2 NAME		
STREET ADDRESS	3		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE	•	☐ DELETE	4.1 TITLE	☐ Change ☐ A	ddition
NAME			4.2 NAME		
STREET ADDRESS	<b>:</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		1.122
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ A	ddition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	5.4 CITY-ST-ZIP		dditi
TITLE *		☐ DELETE	6.1 TITLE	☐ Change ☐ A	ddition
NAME.			6.2 NAME		

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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 



FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90040 042 \*\*\*150.00