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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

SIGNATURE

DOCUMENT # S28527



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90173 020 \*\*\*150.00

STARLITE INC					
Principal Place of Business	Mailing Address				Nam otom olom 1804
P.O. BOX 20967 ST. PETERSBURG FL 33742	P.O. BOX 20004 St. Petersburg Fl 33742 US	PETERSBURG FL 33742		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 01/30/1991	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-3048556	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Certificate of Status Desired	75 Additional e Required
City & State	City & State				.00 May Be ded to Fees
Zip Country	Zip Col	untry		8, This corporation owes the current year Intangible Personal Property Tax.	□No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
QUEEE ED GEADGE T G	PD	81	Name		
SHEFFLER, GEORGE T. SR. 1020 UNITY CENTER RD.			Street Address (P.O. Box Number is Not Acceptable)		
2280 10TH ST SE LARGO FL 34641		83	33		
		84	City	FL  85	Zip Code
office or registered agent, or both,	ions 607.0502 and 607.1508, Florida Statutes, the a in the State of Florida. Such change was authorize but the obligations of Section 607.0505. Florida State	d by :	the corporation	oration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment	g its registered as registered

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. □ DELETE ☐ Addition TITLE 1.1 TITLE ☐ Change SHEFFLER, GEORGE T. SR. NAME 1.2 NAME 1020 UNITY CENTER RD STREET ADDRESS 1,3 STREET ADDRESS PITTSBURGH PA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 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 explemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpor Block 12 or Block 13 if change

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

CR2E034 (11/98)