


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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # S39020 (0)

1. Corporation Name
GOLD STAR INSURANCE AGENCY, INC.

Principal Place of Business 1173 W 29 ST HALEAH FL 33012	Mailing Address 1173 W 29 ST HALEAH FL 33012
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1991	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0251256	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAMBERT, IVAN 1173 W 29 ST HALEAH FL 33012				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code

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 Ivan Lambert DATE 4/9/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	NAME	LAMBERT, IVAN	1.1 TITLE	PTD	1.2 NAME	LAMBERT, IVAN
STREET ADDRESS	1820 W. 53RD ST. #407	CITY-ST-ZIP	MIAMI FL	1.3 STREET ADDRESS	2789 W 68th PL	1.4 CITY-ST-ZIP	HALEAH FL 33018
TITLE	SVD	NAME	LAMBERT, BARBARA	2.1 TITLE	SVD	2.2 NAME	LAMBERT, BARBARA
STREET ADDRESS	1820 W. 53RD ST. #407	CITY-ST-ZIP	MIAMI FL	2.3 STREET ADDRESS	2789 W 68th PL	2.4 CITY-ST-ZIP	HALEAH FL 33018
TITLE		NAME		3.1 TITLE		3.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 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.

SIGNATURE: Ivan Lambert

4/9/98 (205) 888-2400

CR2E034 (10/97)