

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

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

04-23-1999 90055 011 ***150.00

DOCUMENT # S73072

1. Corporation Name

FIVE-STAR NETWORK, INC.

Five Star Network Management Inc.



Principal Place of Business

1999 UNIVERSITY DR
SUITE 400
CORAL SPRINGS FL 33071
US

Mailing Address

P.O. BOX 8502
CORAL SPRINGS FL 33075
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1991

4. FEI Number

65-0281118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 6549 NW 99th Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Parkland, FL

24 Zip

33076

25 Country

USA

27 City & State

28

29 Zip

30 Country

9. Name and Address of Current Registered Agent

PORRAS, MARA
1999 UNIVERSITY DRIVE
SUITE 400
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6549 NW 99th Avenue

83

84 City, Parkland

FL

85 Zip Code

33076

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME PORRAS, ELIAS
STREET ADDRESS 1999 UNIVERSITY DRIVE, SUITE 400
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE

NAME PORRAS, ELIAS
STREET ADDRESS 1999 UNIVERSITY DRIVE, SUITE 400
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VPD ☐ DELETE

NAME PORRAS, ELIAS
STREET ADDRESS 2898 UNIVERSITY DRIVE, SUITE 40
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6549 NW 99th Ave

Parkland, FL 33076

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6549 NW 99th Ave

Parkland, FL 33076

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

6549 NW 99th Ave

Parkland, FL 33076

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

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, with all other like empowered.

SIGNATURE: ELIAS PORRAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 954-917-1279

Date

Daytime Phone #

CR2E034 (1/1/98)