FILE NOW: FILING FEE	AFTER MAY 1 IS	\$225.00	-	
PROFIT	FLORIDA DEPARTA			
CORPORATION ANNUAL REPORT	Sandra B. N Secretary			
1996	DIVISION OF CO			
	59			
DOCUMENT # VOS (5	N TOC			
NORTH STAR SEAFO	200 TOO			
	Marife and Address Or 1	· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business 2713 かい、3155	70,000, 90,01			
	2021 FTI LA	UDERDAU, FC		
LAUDERDAIR LAPRES, FL 33311 33345			3. Date Incorporated or Qualified	Sa. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0391450	Not Applicable \$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	24p	Country	This corporation has liability for inta Ftorida Statutes	_*
24 25 9. Name and Address of Curren			10. Name and Address of New Reg	Istered Agent
FRANK BURMAN R2 Street Address (P.O. Box Number is Not Acceptable)				
3051 STRWFLOWER WAY				VAY
	•	B3 LAK	E WORTH, PC 33	3467
LADE WORTH, FL		84 City	•	FL 85 Zip Coole 33461
 Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Elo- familiar with, and accept the obligations of Sections 	2 and 607.1508, Florida Statutes, ida. Such change was authorized	the above-named corpo by the corporation's boo	oration submits this statement for the purpo and of directors. I hereby accept the appoin	se of changing its registered office tment as registered agent. I am
familiar with, and accept the obligations of, Sco		MUZSTOVA	T	4/22/96
Signature, typed or printed name of registered age	f and title if applicable. (NOTE ID DIRECTORS	Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	
TITLE PRESIDENT	⋈ DELETE	1 1 TITLE	PRESTORY	Chançe Addition
NAME FRAN = BURMAN) 60 (4.187	1.2 NAME 1.3 STREET ADDRESS	ERSC BURMAN BASI STRAWFLOWEL C	AY
	WEL WAY FL 33467 □ DELETE	1.4 CITY-ST-ZIP 2. 1 TITLE	3051 STRAWFLOWEL O LIKE WOLTH 1 FL	Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS CITY-SF-ZIP		3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE	DELETE	4. 1 TITLE		Change Addition
NAME SIREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP	<u>40000180</u>	6094
TITLE	☐ DELETE	5. 1 TITLE	40000180 -05/03/960101	5-026 hänge Addition
NAME STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP	FT pricts	5.4 CITY - ST - 2IP		☐ Change ☐ Addition
TOLE	☐ DELETE	6.1 TITLE 62 NAME		Change Addition
NAME STREET ADDRESS		6.3 STREET ADDRESS		J 5.7
CITY - \$1 - 21P	Justita this filian is and manual of more	6.4 CITY-ST-ZIP	for the exemption stated in Section 110 0	7(3)(k) Florida Statutes I further
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted expowered 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
SIGNATURE AND TIFED				~ 99//