PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90219 001 ***150.00

1999	A SECOND TO SECO	DIVISION OF CORPORATIONS	
DOCUMENT # V 1. Corporation Name KAY'S STARLITE BALLE			
Principal Place of Business	Mail	ing Address	_

1710 E. HALLANDALE BEACH BLVD. 1710 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009 HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE US 3 Date Incorporated or Qualifed 06/01/1992 4. FEI Number Principal Place of Business Mailing Address Applied For 65-0338673 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State **Election Campaign Financing** \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes the current year Intangible Yes 30 24 25 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MORETTI, FRANK A Street Address (P.O. Box Number is Not Acceptable) 1710 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009 83 City 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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature r	and the second s	DATE	
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12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P DELETE	1.1 TITLE		Change	Addition Addition
NAME	Moretti, Frank A.	1.2 NAME			
STREET ADDRESS	1710 E. HALLANDALE BEACH BLVD.	13 STREET ADDRESS	ł		
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	<u> </u>		
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS		 *	
CITY-ST-ZIP	<u></u>	2. 4 CITY- ST- ZIP			
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CITY-ST-ZIP		6.4 CITY-ST-ZIP		·	·

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.