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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V50971**

1. Corporation Name

NORTHSTAR FINANCIAL, INC.

Pfin	cipai Piace	OT	Busir
1711	KINGSMILL	DI	RIVE

Mailing Address

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90004 047 \*\*\*150.00



1711 KINGSMILL DRIVE ORLANDO FL 32826 ORLANDO FL 32826 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/16/1992 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 **SAME** Not Applicable 1848 Park Manor Drive 59-3136060 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Box$ Fee Required 27 22 City & State City & State 6. Flection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees OrLand 28 23 Country Zip This corporation owes the current year Intangible □ No 1817ع ☐ Yes 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WATTLES, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 200 E. ROBINSON ST. **SUITE 1200** 83 ORLANDO FL 32801 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Presipent Addition ☐ DELETE 1.1 TITLE TITLE Richard & Kennedy 1.2 NAME KENNEDY, RICHARD E. NAME 1848 PARK MANOF 1711 KINGSMILL DRIVE 1.3 STREET ADDRESS STREET ADDRESS FL 32817 ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE ππF 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 61 DD F

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TILE

NAME

STREET ADDRESS

Kennely 4-15-99 407-381-3191