FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation		(,)					
STAR NATIONAL ENTERPRISES, INC.							
Principal Place of Business Mailing Address							
% WILLIAM J OSWALD 1515 N. FEDERAL HWY SUITE 300 BOCA RATON FL 33432-6196 WILLIAM J OSWALD 1515 N. FEDERAL HWY BOCA RATON FL 33432-6196 BOCA RATON FL 33432-6196					2 Data languaged or Qualiford 12 - Detail 1 - Detail		
					3. Date Incorporated or Qualified 11/04/1980	3a. Date of Last Report 04/25/1995	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2247795	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State	-		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Ζιρ	Country 25	Zip	Count	ry	8. This corporation has liability for in		
24	9. Name and Address of Curre	29 nt Registered Agent	30		Florida Statutes Yes 10. Name and Address of New Re	No role area Acont	
	0, 114110	Trogisterou Agont	8	1 Name	10, Name and Address of New No	adistered whelit	
OSWALD, WILLIAM J. 1515 N. FEDERDAL HWY, SUITE 300 BOCA RATON FL 33432			8	2 Street A	Address (P.O. Box Number is Not Acceptable)		
			8	3			
			8	4 City		85 Zip Code	
				1		FL! '	
or register familiar wit	red agent, or both, in the State of Flor th, and accept the obligations of, Sec	z and 607.1508, Florida Statute ida. Such change was authorize tion 607.0505, Florida Statutes.	ed by the co	-named corporation's b	poration submits this statement for the purpoard of directors. I hereby accept the appo	pose of changing its registered officint intract as registered agent. I am	
SIGNATURE _	Signature, typed or printed han e of registered agen	t and little if annihubble /NO:	'- Requirers 1 Ac	on' tianah sa sao	wred when reinstating)	DATE	
12.	······································	ID DIRECTORS	13.	on signature rec	ADDITIONS/CHANGES TO OFFIC		
TITLE	PTDS	☐ DELETE	1 1 1111	- T		Change Addition	
NAME	OSWALD, WILLIAM J		1.2 NAM	:			
STREET ADDRESS	1515 N FEDERAL HWY S-300)	1 3 STRE	ET AODRESS			
CITY-S1-ZIP	BOCA RATON, FL 0		1.4 CITY			·	
TITLE	S COMAID WILLIAM	☐ DELETE	2 1 THIL			Change Addition	
NAME STOCKLAPORGO	OSWALD, WILLIAM J. 1515 N FEDERAL HWY S-300	`	2 2 NAM	1			
STREET ADDRESS	BOCA RATON FL	,		T ADDRESS			
CITY - ST - ZIP TITLE	DOOM NATOR TE	DELETE	2.4 City 3.1 Titl			Change Addition	
NAME			3.2 NAM			onange Recition	
STREET ADDRESS			1	ET ADORESS			
CHTY-ST-7IP			3.4 City	- 1			
TITLE		☐ DELETE	4. 1 TiTLI			☐ Change ☐ Addition	
NAME			4.2 NAM				
STREET ADDRESS			4.3 STRE	T ADDRESS			
CITY-S1-ZIP			4.4 CITY	ST-ZIP			
TITLE		☐ DELETE	5 1 โปไป	T		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			53 STRE	T ADDRESS			
CITY-ST-ZIP		Fig. p.s. cre	5.4 CITY				
TILE		DELETE	6 1 TITLE	- 1		Change Addition	
NAME			6.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP	y certify that the information supplied	(d) this files is at at at at at	6.4 CiTY-				

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 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED VALUE OF SIGNING OFFICER OR DIRECTOR.

Date

Da

SIGNATURE: