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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996			DIVISION OF CORPORATIONS							
1. Corporation	MENT # IN Name DGESTAR, INC.	G60645	(0))						
, Dine	GLOTAN, MO.						A RABITAL BANG BANA BANG BANG BANG BA	TEL BURY BERNE O	i a n bibi'	i Belli Albii Bibir iası
Principal Place	e of Business		lailing Address							
,	ADAMS STREET		-	OTOCCT						41414 G1614 G1611 (86)
SUITE 1601 JACKSONVILLE FL 32202			112 WEST ADAMS STREET SUITE 1601							
			JACKSONVILLE FL	32202			3. Date Incorporated or Qualified	3a. Date	of Last	Report
2. Principal P	ace of Business	20	Mailing Address				09/15/1983)4/18	/1995
21		26	Maing Address				4. FEI Number 59-2329154		\vdash	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	Not Applicable 75 Additional
City & State		27	C3. 0 Ct. t.							e Required
23	v	28	City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be
Zıp	Count	ry	Zip	Country			8. This corporation has liability for in	ntangible tax		ded to Fees s 199.032.
24	9. Name and Addr	29 ess of Current Regis	lared Anoni	30			Florida Statutes 🔲 Yes	□ No		
		obs of Carterit Hegis	icred Agent	81	Name		10. Name and Address of New Ro	gistered A	gent	
anderson, Kenneth G.							(0.0			
1301 GULF LIFE DR.				82 Street		t Addres	s (P.O. Box Number is Not Acceptabl	e)		
SUITE-2540 GULF LIFE TOWER				83						
JACKS	SONVILLE FL 32207			84	City				85	Zip Code
11. Pursuant t	o the provisions of Sect	one 607 0502 avvi 60	7 1500 Franks St. 1					<u>FL</u>		
or register familiar wit	ed agent, or both, in the th, and accept the oblig	State of Florida Such	r 1000, riolida Statua i Change was authorizi	ed by the corp	ration's	corporati s board	on submits this statement for the purp of directors. I hereby accept the appo	ose of chan intment as r	ging its agister	s registered office ed agent. I am
SIGNATURE	on and thooopt the oning	ations or, Section 607.	2000, rionda Statures							İ
	Signature, typed or printed name			H. Hag Sceal Ager	Signal arti	r to possed W		DATE		
TITLE	PD	OFFICERS AND DIREC	TORS	13.		···T·	ADDITIONS/CHANGES TO OFFIC			
NAME	HOEKENGA, E	ADI N		1 1 TITLE 12 NAME					Change	Add/tion
STREE1 ADDRESS	2317 MILLER C			13 STREET	Ahnpecc					
CITY-ST-ZIP	JACKSONVILLE		2217	14 CI ² V - S						ĺ
TITLE	VD	···	DELFTE	2 1 TIFLE					Change	K Addition
NAME	Hoekenga, H			2.2 NAME						44.5
STREET ADDRESS		AKS DRIVE, SOUTI		2.3 STHEET	ADDRESS					
CITY-ST-ZIP TITLE	JACKSONVILLE	FL 3	2217	2 4 City - St	209					
NAME	D Hoekenga, Ci	POIOTIANI NA	DELETE	3 1 TiT _s E				ХX	Change	neitibbA 🔲
STREET ADDRESS	16828 E. MAGL			3.2 NAME 3.3 STREET	Anno: ee					
CITY - ST - ZIP	TOM BALL TX	THO OINOLL		3.4 CITY-S1			410 Wellington Cour	t Blvd	•	
TITLE			DELETE	4 1 111 8	211	-21	oring, TX 77389	<u> </u>	Change	Addition
NAME				4.2 NAME						
STREET ADURESS				43STREET	CORESS]
CHTY-ST-ZIP			FT) 00: 570	4.4 CITY - SF	ZIP	ļ				
THUE NAME			DELETE	5 1 TIFLE					Change	Addition
STREET ADDRESS				5.2 NAME	pperer					
CITY-ST-ZIP				5.3 STHEET A		1				ļ
TITLE			DELETE	5 4 City - 51 6 1 Til - F	z Ir	 -	·····	<u> </u>	Change	Addition
NAME				6.2 NAME					Similar	LT VOORGOLL
STREET ADDRESS				6 3 STREET A	DURESS					
CITY-ST-ZiP	certify that the informat			6.4 City St	ZIP					
	LESTING THAT THE INTORNAL	ion Curation with this f	Contract for a rest contract that I have been	ala a et a a et al a e et		. P. C .				

r oo hereby certify that the information supplied with this firing 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 cath, 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.

SIGNATURE: SIGNATURE: SIGNATURE OF STORING OFFICER OR DIRECTOR

APRIL 10, 1496 904/355-5126