

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION
CORPORATION
CORPORATION

APPROVED
AND
FILED

DOCUMENT # **P94000044950 (1)**
STAR MORTGAGE, INC.

APR 11 1995 PM 11:21
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

101 E ORCHID WAY
HOWEY IN THE HILLS FL 34737

101 E ORCHID WAY
HOWEY IN THE HILLS FL 34737

| | | | | |
|----|----|----|----|----|
| 2 | 2a | 3 | 3a | 3b |
| 21 | 26 | 4 | 5 | 6 |
| 22 | 27 | 7 | 8 | 9 |
| 23 | 28 | 10 | 11 | 12 |
| 24 | 29 | 30 | 31 | 32 |

| | | | | | | | | | | | | | |
|---|--|---|--|----|------|----|--|----|------|----|-------|----|----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | | | | | | | | | |
| AUSTIN, JAY P 101 E. ORCHID WAY HOWEY IN THE HILLS FL 34737 | | <table border="1"> <tr> <td>81</td> <td>Name</td> </tr> <tr> <td>82</td> <td>Street Address, P.O. Box Number or Post Office</td> </tr> <tr> <td>83</td> <td>City</td> </tr> <tr> <td>84</td> <td>State</td> </tr> <tr> <td>85</td> <td>Zip Code</td> </tr> </table> | | 81 | Name | 82 | Street Address, P.O. Box Number or Post Office | 83 | City | 84 | State | 85 | Zip Code |
| 81 | Name | | | | | | | | | | | | |
| 82 | Street Address, P.O. Box Number or Post Office | | | | | | | | | | | | |
| 83 | City | | | | | | | | | | | | |
| 84 | State | | | | | | | | | | | | |
| 85 | Zip Code | | | | | | | | | | | | |

11. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein.

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------|----------------|-------------------|------|-----------------------------|--|------|--|--------|-----|----------------|--|--------|-----|------|--|--------|-----|-------|--|--------|-----|----------|--|--------|-----|------|--|--------|-----|----------------|--|--------|-----|------|--|--------|-----|-------|--|--------|-----|----------|--|--------|-----|------|--|--------|-----|----------------|--|--------|-----|------|--|--------|-----|-------|--|--------|-----|----------|--|--------|-----|
| <table border="1"> <tr> <td>NAME</td> <td>P AUSTIN, JAY P</td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 E. ORCHID WAY</td> </tr> <tr> <td>CITY</td> <td>HOWEY IN THE HILLS FL 34737</td> </tr> </table> | NAME | P AUSTIN, JAY P | STREET ADDRESS | 101 E. ORCHID WAY | CITY | HOWEY IN THE HILLS FL 34737 | <table border="1"> <tr> <td>NAME</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>CITY</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>STATE</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>ZIP CODE</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>NAME</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>CITY</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>STATE</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>ZIP CODE</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>NAME</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>CITY</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>STATE</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>ZIP CODE</td> <td></td> <td>Change</td> <td>Add</td> </tr> </table> | NAME | | Change | Add | STREET ADDRESS | | Change | Add | CITY | | Change | Add | STATE | | Change | Add | ZIP CODE | | Change | Add | NAME | | Change | Add | STREET ADDRESS | | Change | Add | CITY | | Change | Add | STATE | | Change | Add | ZIP CODE | | Change | Add | NAME | | Change | Add | STREET ADDRESS | | Change | Add | CITY | | Change | Add | STATE | | Change | Add | ZIP CODE | | Change | Add |
| NAME | P AUSTIN, JAY P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 101 E. ORCHID WAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | HOWEY IN THE HILLS FL 34737 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZIP CODE | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZIP CODE | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZIP CODE | | Change | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE: President 4/27/95 800 941-5616

