FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham A

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000025516 (1)

SPECIAL TRAFFIC ACCIDENT RECONSTRUCTION (S.T.A.R .), CORP.

Principal Place of Business

Mailing Address

818 CHADOWORTH AVENUE SEFFNER FL 33584 818 CHADSWORTH AVENUE SEFENER FL 33584-4610

FILED Feb 25 1997 8:00am Secretary of State



SETTNEH FL 333	384	SEFFREN PL SSSST-1010						
					3. Date Incorporated or Qualified 03/18/1996	3a. Date of Las	_ `	
2. Principal Place 21 502	ce of Business OLE PLANTATION DO	26. Mailing Address 26. 501 012 014	mtati	on Dr.	4. FEI Number 59-3371079		Applied For Not Applicable	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State 23 BRAN	Now . FC	City & State 28 Arendan.	FL		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip Zip 24 3 35 1	Country 25 USA	Zip 29 335/1 30	Country	5. A ·	8. This corporation has liability for Florida Statutes	intangible tax unde	er s. 199.032,	
24 300	9. Name and Address of Current		1	- • •	0. Name and Address of New Registered Agent			
	GH, MARK E		81 Name					
818 CHADSWORTH AVENUE SEFFNER FL 33584				Street Address (P.O. Box Number is Not Acceptable) 502 DIE Plantation				
•			84	City R.	rand air	FL 85	14.5°°°)	
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-r	named corpo	pration submits this statement for the p	ourpose of changin	ng its registered	
office or req agent, flam	gistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was auti ions of, Section 607.0505, Floric	horized by to ta Statutes.	ne corporatio	on's board of directors. I hereby acce	pt the appointment	as registered	
SIGNATURE	lignature, typed or purified name of registered agent	and title it applicable (NOTE: R	legistered Agent	eriuper erutarigia	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE I	Procedent .	☐ DELETE	1.1 TRILE	F	resident,	Chan	ige Addition	
NAME	mark & Hough	١ .	1.2 NAME	$- \alpha$	rark E Hough	بالم م	0	
STREET ADDRESS	8) soa ole Right	ation	1.3 STREET AL		502 Ole Planta	スしいし		
CITY-ST-70°	Brandon, PD	3351	1.4 CITY-ST-	ZIP K	Brandon, HU:	33611	FT 4 4355	
FILE	·	DELETE	2 1 TITLE			☐ Chan	ige Addition	
NAM:			2.2 NAME					
STREET ADDRESS			2.3 STREET A	DDRESS				
CPTY - ST - ZIP		Longing	2. 4 CITY-ST-	ZIP		Chan	nge Addition	
TIINE		DELETE	3.1 TITLE			LJ Gran	ige Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET AL					
Cily - ST - ZiP		☐ DELETE	3.4. CITY-ST 4.1 TITLE	· ZiP		Chan	nge Addition	
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NAME			4.2 NAME 4.3 STREET A	DOBECC				
STREET ADDRESS								
CITY+ST-2IP TITLE		DELETE	4.4 CITY - ST - 5.1 TITLE	ZIP		☐ Char	nge Addition	
		Land Detert				<u></u> 5/10/		
NAME			5.2 NAME 5.3 STREET A	nnpccc				
STREET ADORESS								
CHY-ST-ZIF	.,,,,,	DELETE	5.4 CITY - ST -	ZIP		☐ Char	nge Addition	
TOLE		FTI DEFEIE	6.1 THILE				אט ביים אפי	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET A					
CITY-ST-ZIP		21 (U.) \$11's day and \$1'	6.4 CITY-ST-		Castina 110 07/2VI) Florida Ciata	on I further postific	that the	
(14 Ido bozoby	v contry that the information supplied	with this bling does not busidy:	tor the exem	Defeta nouter	in Section 119.07(3)(i). Florida Statute	as. I luriner certify '	arat tre	

4. Loo necesty centry that the information supplied with this filing does not quality 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.

SIGNATURE:

SIGNATURE AND TYPE D OR PRINTED NAME OF SKINING OFFICER OR DIRECTO

1/27/97

(813)685-935