

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

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000025516 (1)

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



Principal Place of Business: 818 CHADSWORTH AVENUE SEFFNER FL 33584
Mailing Address: 818 CHADSWORTH AVENUE SEFFNER FL 33584-4610

3. Date Incorporated or Qualified: 03/18/1996
3a. Date of Last Report: Initial Filing
4. FEI Number: 59-3371079
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. 502 OLE PLANTATION DR
22. Suite, Apt. #, etc.
23. City & State: BRANSON, FL
24. Zip: 33511
25. Country: USA
26. Mailing Address: 502 OLE PLANTATION DR
27. Suite, Apt. #, etc.
28. City & State: BRANSON, FL
29. Zip: 33511
30. Country: U.S.A.

9. Name and Address of Current Registered Agent
HOUGH, MARK E
818 CHADSWORTH AVENUE
SEFFNER FL 33584

10. Name and Address of New Registered Agent
61. Name
62. Street Address (P.O. Box Number is Not Acceptable): 502 Ole Plantation Dr
63.
64. City: BRANSON FL
65. Zip Code: 33511

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | President |
| STREET ADDRESS | Mark E Hough |
| CITY - ST - ZIP | 502 Ole Plantation BRANSON, FL 33511 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | President |
| 1.3 STREET ADDRESS | Mark E Hough |
| 1.4 CITY - ST - ZIP | 502 Ole Plantation BRANSON, FL 33511 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE: Mark E Hough
Date: 1/27/97
Daytime Phone #: (813)685-9351

CR2E034 (9/96)