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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000026395 (2)

1. Corporation Name

STAR ANALYTICAL INC.



Principal Place of Business

654 S MILITARY TR
DEERFIELD BCH FL 33442
US

Mailing Address

654 S MILITARY TR
DEERFIELD BCH FL 33442
US

3. Date Incorporated or Qualified
04/09/1993

3a. Date of Last Report
06/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0404726

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WISHART, JAMES W

6580 E ROGERS CIR
BOCA RATON FL 33487

81 Name
WISHART, JAMES W

82 Street Address (P.O. Box Number is Not Acceptable)
654 S MILITARY TR

83

84 City
DEERFIELD BCH

FL 85 Zip Code
33442

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

Signature typed or printed name of registered agent and street address

Signature typed or printed name of new registered agent and street address

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME WISHART, JAMES W

STREET ADDRESS 6551 WINDING LAKE DR.

CITY - ST - ZIP JUPITER FL 33458

TITLE D ☐ DELETE

NAME WISHART, PATRICIA J

STREET ADDRESS 6551 WINDING LAKE DR.

CITY - ST - ZIP JUPITER FL 33458

TITLE D ☐ DELETE

NAME BOCCHINI, PEDRO

STREET ADDRESS 4216 CEDAR CREEK RD

CITY - ST - ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME BOCCHINI, MARIA

STREET ADDRESS 4216 CEDAR CREEK RD

CITY - ST - ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA S. BOCCHINI

Date

Daytime Phone

4/24/96 954-4199890

CR2E034 (12/95)