

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 426258

(0)

1. Corporation Name

STARCOM INCORPORATED

Principal Place of Business

3303 NO. DIXIE HWY  
BOCA RATON FL 33431

Mailing Address

3303 NO. DIXIE HWY  
BOCA RATON FL 33431

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WHITE, DONALD L.  
23367 DRAYTON DR.  
BOCA RATON FL 33433

3. Date Incorporated or Qualified

05/21/1973

3a. Date of Last Report

03/24/1995

4. FEI Number

59-1472150

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of person who is authorized to execute this statement

Print Name of Agent for Change of Address

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS    | CITY-STATE-ZIP | DELETED                  |
|-------|------------------|-------------------|----------------|--------------------------|
| PD    | WHITE, DONALD L. | 23367 DRAYTON DR. | BOCA RATON FL  | <input type="checkbox"/> |
| D     | WHITE, RITA B.   | 23367 DRAYTON DR. | BOCA RATON FL  | <input type="checkbox"/> |
| D     | WHITE, DONALD B. | 23367 DRAYTON DR. | BOCA RATON FL  | <input type="checkbox"/> |
|       |                  |                   |                | <input type="checkbox"/> |
|       |                  |                   |                | <input type="checkbox"/> |
|       |                  |                   |                | <input type="checkbox"/> |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE    | NAME    | STREET ADDRESS    | CITY-STATE-ZIP    | DELETED                                                           |
|----------|---------|-------------------|-------------------|-------------------------------------------------------------------|
| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(a), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

467-392-7001

CR2E034 (12/95)