

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 538690 (9)
1. Corporation Name
STARFLITE CORPORATION

Principal Place of Business Mailing Address
1150 NORTHWEST 72ND AVENUE #500 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quashed **07/08/1977** 3a. Date of Last Report **07/14/1994**
4. FEI Number **59-1753543** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Federal Campaign Finance Act ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for a judgment under a 100,000, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. 24. 25. 28. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLUMLY, GLEN
1150 NORTHWEST 72ND AVENUE #500 MIAMI FL 33126**

81. Name **BEN JACKSON PLUMLY**
82. Street Address (P.O. Box Number is Not Acceptable) **1150 NW 72 AVE #500**
83. City **MIAMI** FL 85. Zip Code **33126**

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] **CHAIRMAN, PRES** **6/26/95**

12. OFFICERS AND DIRECTORS

13. AGENTS FOR SERVICE OF PROCESS

12.1. NAME **CD PLUMLY, BEN JACKSON**
12.2. STREET ADDRESS **1150 NW 72 AVE #500 MIAMI FL**
12.3. CITY, ST, ZIP
12.4. NAME **STD PLUMLY, HARRIETT A**
12.5. STREET ADDRESS **1150 NW 72 AVE #500 MIAMI FL**
12.6. CITY, ST, ZIP
12.7. NAME **PD PLUMLY, GLEN P.**
12.8. STREET ADDRESS **1150 NW 72 AVE #500 MIAMI FL**
12.9. CITY, ST, ZIP
12.10. NAME
12.11. STREET ADDRESS
12.12. CITY, ST, ZIP
12.13. NAME
12.14. STREET ADDRESS
12.15. CITY, ST, ZIP

13.1. TITLE **CHAIRMAN, PRESIDENT** ☒ Change ☐ Addition
13.2. NAME
13.3. STREET ADDRESS **SAME**
13.4. CITY, ST, ZIP
13.5. TITLE
13.6. NAME
13.7. STREET ADDRESS
13.8. CITY, ST, ZIP
13.9. TITLE
13.10. NAME
13.11. STREET ADDRESS
13.12. CITY, ST, ZIP
13.13. TITLE
13.14. NAME
13.15. STREET ADDRESS
13.16. CITY, ST, ZIP
13.17. TITLE
13.18. NAME
13.19. STREET ADDRESS
13.20. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 this 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 of this form. I am an officer or director of this corporation.

SIGNATURE:

[Signature] **B. J. PLUMLY**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/26/95

305-477-5550
Telephone No.

CR2E034 (3/95)