

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

FILED  
Mar 26 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 # 837779 (8)			
1. Corporation Name STAR INDUSTRIES, INC.			
Principal Place of Business 345 UNDERHILL BLVD. SYOSSET NY 11791		Mailing Address 345 UNDERHILL BLVD. SYOSSET NY 11791-3425	
2. Principal Place of Business		3. Date Incorporated or Qualified 02/01/1977	
2a. Mailing Address		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		4. FEI Number 11-2418291	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
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.		81. Name	
SIGNATURE		82. Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when reinstating)		83.	
DATE		84. City	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY- ST- ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	
2. TITLE NAME STREET ADDRESS CITY- ST- ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	
3. TITLE NAME STREET ADDRESS CITY- ST- ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	
4. TITLE NAME STREET ADDRESS CITY- ST- ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	
5. TITLE NAME STREET ADDRESS CITY- ST- ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	
6. TITLE NAME STREET ADDRESS 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 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.		3/12/97	
SIGNATURE: <i>Mat Silver, Pres</i>		0006145	

CR2E034 (9/96)