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

PROFIT CORPORATION ANNUAL REPORT

1996



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

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F9300000016 (6)

1. Corporation Name PARK STAR CORPORATIO	N
Principal Place of Business	Mailing Address
10407 CENTURION PKWY. N. SUITE 108 JACKSONVILLE FL 32256	10407 CENTURION PKWY. N. SUITE 108 JACKSONVILLE FL 32256



Principal Place of Business Mailing Address								6181 11818 8111 1481	
	TURION PKWY. N.	10407 CENTURION	PKWY. N.						
SUITE 108	; /ILLE FL 32256	SUITE 108	00000						
JACKSON	VILLE PL 32230	JACKSONVILLE FL	32230			3. Date Incorporated or Qualified	3a. Date	of Last B	eport
İ						12/31/1992	(	5/02/1	995
2. Principal Pla	ace of Business	2a. Mailing Address				4, FEI Number			Applied For
21		26				65-0379810		<u> </u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certificate of Status Desired	[]	\$8.75	Additional
22		27				So thindic of Dates Dosina	LJ	Fee	Required
City & State	)	City & State				6. Election Campaign Financing	[]	\$5.0	<b>0</b> May Be
23	0	28	1			Trust Fund Contribution			d to Fees
Zip <b>24</b>	Country 25	Zip	Cour	ntry		8. This corporation has liability for Florida Statutes	intangible tax No	under s	199.032,
24	9, Name and Address of Currer	29 29 Agent	30			10. Name and Address of New F		nent	
				81	Name		egisteres A	gen	
PREN'	TICE HALL CORPORATION SYS	TEM. INC.	ļ	_					
	HAYS ST.	,		82	Street	Address (P.O. Box Number is Not Acceptate	ole)		
SUITE			<u> </u>	83			<del></del>	·····	
	HASSEE FL 32301								
				84	City		FL	85 Zıç	ρ Code
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es. the abov	l ∕e-ni	amed c	orporation submits this statement for the pu		l l Joina its r	egistered office
or register familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz ion 607 0505. Florida Statutes	ed by the c	orpc	oration's	orporation submits this statement for the pu board of directors. I hereby accept the app	ointment as r	egistered	agent. I am
SIGNATURE	and accept the congenions of, each	ion con locot, nonda dialetes							
	Signature, typed or printed name of registered agent	and title if applicable (NC	TE: Registered	Agent	signature	required when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND (	DIRECTO	RS IN 12
TITLE	PD NONER DOUGLAS W	☐ DELETE	1. 1 TII	LE				Change	☐ Addition
NAME	MCNEILL, DOUGLAS W	N CTC 400	1.2 NA	ΝE					
STREET ADDRESS	10407 CENTURION PKWY. JACKSONVILLE FL 32256	N. SIE. 100	1.3 STA	REET A	ADDRESS				
CITY-S1-ZIP	VD VD		1.4 CIT		-ZIP		<u>-</u>		
TITLE	KEITH, DOUGLAS	☐ DELETE	2. 1 111					Change	Addition
NAME	10407 CENTURION PKWY.	N STE 108 S	2 2 NA						
STREET ADDRESS	JACKSONVILLE FL 32256	14. OIL. 100 0			ADDRESS				
CITY-ST-ZIP TITLE	SD	DELETE	2.4 CIT		- ZIP		<del>-</del>	Change	[7] Addison
NAME	WAILAND, ADELE	Land Detter	1					Change	Add-tion
STREET ADDRESS	10407 CENTURION PKWY.	N. STE. 108	3 2 NAI		ADDRESS				
C-TY-ST-ZIP	JACKSONVILLE FL 32256		3 3 51 3 4 CH						
THILE	10	DELETE	4 1 1)1		- ZIT			Change	☐ Addition
NAME	LISTA, FEUX	<u> </u>	4 2 NA	_				J	
STREET ADDRESS	10407 CENTURION PKWY.	N. STE. 108			ADDRESS				ł
CITY-ST-ZIP	JACKSONVILLE FL 32256		4.4 CIT						1
TITLE		☐ DELETE	5. 1 TH			V		Change	<b></b> Addition
NAME			5.2 NAI	<b>A</b> E		Gilbert G. Cubbage		-	
STREET ADDRESS			5.3 STF	EET A		10407 Centurion Pkwy N	., Ste.	108	
CITY - \$T - ZIP			5.4 CIT			Jacksonville, FL 322			
TITLE		DELETE	6 1 111					Change	Addition
NAME			6.2 NA	ΛE		•			
STREET ADDRESS			6.3 STF	EET A	ADDRESS				
CITY - ST - ZIP			6.4 CIT	Y - 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 cath; that I am an officer or director of the Porporation or the receiver or tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR CHINTED NAME OF SIGNING OFFICER OF SECTOR 9 18 W. N. N. Weill 4 17/96 (904)646-4022

CR2E034 (12/95)