

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Withers  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

55 MAY -1 PM 2: 18

DOCUMENT # **F94000005824 (7)**

1. Corporation Name:

**STARLIGHT CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business:  
**1233 EAST COLONIAL DR.  
ORLANDO FL 32803**

Mailing Address:  
**1233 EAST COLONIAL DR.  
ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quasi:  
**11/10/1994**

3a. Date of Last Report

2. Principal Place of Business:

2a. Mailing Address:

4. FEI Number:  
**72-1275423**

Applied For  
Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under 191.01, Fla. Statutes ☐ Yes ☐ No

24. Zip Country

29. Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**LU, BEN  
1233 EAST COLONIAL DR.  
ORLANDO FL 32803**

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 607.09(2) and 607.15(8), 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 607.09(5), Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

4-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS                                                          |
|-------------------------------------------------------------------------------------|
| 1. NAME<br><b>VCD<br/>LU, NAM<br/>2201 MANHATTAN BLVD. #E-135<br/>HARVEY LA</b>     |
| 2. NAME<br><b>P<br/>LU, BEN<br/>2201 MANHATTAN BLVD. #E-135<br/>HARVEY LA</b>       |
| 3. NAME<br><b>ST<br/>CHUNG, KIM M<br/>2201 MANHATTAN BLVD. #E-135<br/>HARVEY LA</b> |
| 4. NAME                                                                             |
| 5. NAME                                                                             |
| 6. NAME                                                                             |
| 7. NAME                                                                             |
| 8. NAME                                                                             |
| 9. NAME                                                                             |
| 10. NAME                                                                            |

| 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12                     |
|----------------------------------------------------------------------------|
| 1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 2. NAME                                                                    |
| 3. STREET ADDRESS                                                          |
| 4. CITY, ST, ZIP                                                           |
| 5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 6. NAME                                                                    |
| 7. STREET ADDRESS                                                          |
| 8. CITY, ST, ZIP                                                           |
| 9. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 10. NAME                                                                   |
| 11. STREET ADDRESS                                                         |
| 12. CITY, ST, ZIP                                                          |
| 13. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                                                                   |
| 15. STREET ADDRESS                                                         |
| 16. CITY, ST, ZIP                                                          |
| 17. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME                                                                   |
| 19. STREET ADDRESS                                                         |
| 20. CITY, ST, ZIP                                                          |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), 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 of this report or on an attachment with an address.

SIGNATURE:

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95