

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005884 (1)

1. Corporation Name

SIMSTAR INC.

Principal Place of Business

680 E STATE ROAD 434
WINTER SPRINGS FL 32708
US

Mail Address

P O BOX 113146
CARROLLTON TX 75006
US

2. Principal Place of Business

2a. Mailed Address

21 State: Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 P O Box 195785
27 Winter Springs FL
28 City & State
29 32719
30 USA

9. Name and Address of Current Registered Agent

STARK, HELEN
680 E. STATE ROAD 434
WINTER SPRINGS FL 32708

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 607.05 and 607.07 of the 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 Sections 607.05 and 607.07, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	SIMERLY, WENDELL	
STREET ADDRESS	2216 BURGUNDY DR	
CITY-STATE-ZIP	CARROLLTON TX	
TITLE	S	[] DELETE
NAME	SIMERLY, EURETHA	
STREET ADDRESS	2216 BURGUNDY DR	
CITY-STATE-ZIP	CARROLLTON TX	
TITLE	P	[] DELETE
NAME	STARK, HELEN	
STREET ADDRESS	680 E. STATE ROAD #434	
CITY-STATE-ZIP	WINTER SPRINGS FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	[] Change [] Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	[] Change [] Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	[] Change [] Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	[] Change [] Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	[] Change [] 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 liquidator empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 but changed or omitted without authorization.

SIGNATURE: *Helen Stark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

407-327-0287

CR2E034 (12/95)