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

DOCU	IMF	TM	#

DOCU 1. Corporation	MENT # F9500	0000045 (3	3)					
1	OSTAR T.L.C., INC.	•	,					
Principal Place	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·		i ibbriod ivit teibi binit böiti tt	AL DEAL DEAL	BBIIT BBIIT BBIIT BIYAH BIYA I
#1 TLC PA P.O. BOX 3 ST. CLAIR		#1 TLC PARKWAY P.O. BOX 310 ST. CLAIR MO 63077	-0310					
						3. Date Incorporated or Qualified 01/04/1995	3a. Dat	e of Last Report
2. Principal Pi 21	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt.	#, etc.	26 1000 Brid	dgeport	_Av	e	43-1698349		Not Applicable
22		27 P.O. Box	898			5. Certificate of Status Desired	[]	\$8.75 Additional Fee Required
City & State	9	City & State	_			6. Election Campaign Financing	[]	\$5.00 May Be
Zip	Country	Zio	CT Country 30			Trust Fund Contribution 8. This corporation has liability for		Added to Fees
24	25 9. Name and Address of Curren	29 06484	30 U	SA		Florida Statutes 🔀 Yes	[] No	
	a. Name and Address of Curren	t Hegistered Agent	81	Name		0. Name and Address of New R	egistered	Agent
	PRPORATION SYSTEM							
	OUTH PINE ISLAND ROAD		82	Street	Address	(P.O. Box Number is Not Acceptab	le)	
PLANIA	ATION FL 33324		83					
			84	City				85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid	and 607.1508, Florida Statute	s, the above n	amed co	orporation	Submits this statement for the pure	FL	
familiar wit	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	 Such change was authorize on 607.0505, Florida Statutes. 	ed by the compo	ration's	board of	directors. I hereby accept the appo	pintment as	riging its registered office registered agent. I am
SIGNATURE: _	Signature Typed or printed name of registered agent a					•		
12.	OFFICERS AND		E Registered Agent	signature re	eanied whe	reinstating) ADDITIONS/CHANGES TO OFFI	DATE	5/2507020
TITLE	PD DUDT MARKS II	DELETÉ	1 1 TITLE		P/D	ADDITIONS/OFFINGES TO OFFI		Change A Addition
NAME Streft Audress	BURT, JAMES H #1 TLC PARKWAY		1.2 NAME	ļ	John	n L. Koons	L	The state of the s
CHTY-ST-ZIP	ST CLAIR MO		1.3 STREET A			TLC Parkway		
TITLE	\$	☐ DELETE	14 CITY-ST-	- ZIP		Clair, MO 6307		3.00
NAME	HARVEY, MICHAEL L	_	2.2 NAME	İ	V/S	nael L. Harvey	L	Change 🔲 Addition
STREET ADDRESS	FIRST SHELTON PLACE, 100 SHELTON CT	O BRIDGEPORT AVE	2.3 STREET A	DORESS	1000	Bridgeport Ave	.	
CITY-ST-7IP Trile	TD TD	E DELETE	24 CITY-ST-	ZIP		ton, CT 06484		
NAME	GERKENS, HENRY H	☐ DELETE	3 1 TITLE 3 2 NAME	1	V/T/	'D	G	Change Addition
STREET ADDRESS	FIRST SHELTON PLACE, 100	D BRIDGEPORT AVE		DORESS	Hen	y H. Gerkens		
DITY-ST-7:P	SHELTON CT		3 4 CITY - ST -	ZIP	She	Bridgeport Ave)	
NAME	CROWE, JEFFREY C	☐ DELETE	4 1 1/1/16	7				Change Addition
STHEET ADDRESS	FIRST SHELTON PLACE, 100	D BRIDGEPORT AVE	4.2 NAME 4.3 STREET AL	ODECC.				
CITY-ST-ZIP	SHELTON CT		4.3 STREET AL 4.4 CITY - ST-					
ITLE	D BOOME FORE D	☐ DELETE	5 1 TITLE	-				Change Addition
IAME	BROWN, EDDIE R FIRST SHELTON PLACE, 1000	RDINGEDARY AVE	5.2 NAME		40==		•	The state of the s
STREET ADDRESS SITY-ST-ZIP	SHELTON CT	DINUGETURE AVE	5.3 STREET AD			Carmichael ave		
ITLE	V	DELETE	54 CITY+ST-		V V	sonville, FL 32		Channe E3 4255
AME	SHURTS, JAMES B	r	6.2 NAME		•	rt c. LaRose	LJ	Change 🖈 Addition
TREET ADDRESS	#1 TLC PARKWAY ST CLAIR MO		6.3 STREET AD	ORESS	1000	Bridgeport Ave		i
TY-ST-ZIP 4. I do hereby	certify that the information supplied with	h this filing is volunted at	6.4 CHTY - S1 - 7	PP .	Suer	ton, CT 06484		
certify that the cath; that I a appears in E	certify that the information supplied wit he information indicated on this annual am an officer or director of the corpora Block 12 or Block 18 if changed of an	report or supplemental annua ion or the goesver or trustee (an all address	red and does not report is true a sempowered to a sempowered t	iot qualit and acc execute	ty for the surate and this repo	exemption stated in Section 119.07 I that my signature shall have the sand as required by Chapter 607, Flori	7(3)(k), Florid Inne legal ef da Statutes	da Statutes. I further fect as if made under ; and that my name
SIGNATU	JRE:	ASP VIC	e Mes	de	ルト	4/19/96		03)925-290