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

DOCUMENT # F95000002089 (9)

1. Corporation Name
STARLOG FRANCHISE CORPORATION

Principal Place of Business
10855 U.S. HIGHWAY 19 NORTH
PINELLAS PARK FL 34624

Mailing Address
10855 U.S. HIGHWAY 19 NORTH
PINELLAS PARK FL 34624

3. Date Incorporated or Qualified: 04/28/1995
3a. Date of Last Report:

4. FEI Number: 22-3219281 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23 Clearwater, FL
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28 Clearwater, FL
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

EVANS & DONICA, P.A.
201 E. KENNEDY BLVD.
SUITE 1500
TAMPA FL 33602

10. **Name and Address of New Registered Agent**

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 607.0502 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.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FITZGERALD, JOHN (JACK)		1.2 NAME	
STREET ADDRESS	240 WOODRIDGE CIR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34667		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	EVANS, NOEL K		2.2 NAME	Mike Michaelson
STREET ADDRESS	201 E. KENNEDY BLVD.		2.3 STREET ADDRESS	135 East 71st Street, 3A
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP	New York, NY 10021
TITLE	T	☒ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	OSTROW, JAY E		3.2 NAME	George Holsten
STREET ADDRESS	2672 BURNTFORK DR.		3.3 STREET ADDRESS	32 Sunnyview Drive
CITY-ST-ZIP	CLEARWATER FL 34621		3.4 CITY-ST-ZIP	Suffield, CT 06078
TITLE	D	☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	JACOBS, NORMAN		4.2 NAME	Ray Markman
STREET ADDRESS	475 PARK AVE., SOUTH		4.3 STREET ADDRESS	424 Lake Shore Manor
CITY-ST-ZIP	NEW YORK NY 10016		4.4 CITY-ST-ZIP	Highland Park, IL 60035
TITLE	D	☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	SIMON, DANIEL J		5.2 NAME	Herman Rush
STREET ADDRESS	9026 MELROSE AVE.		5.3 STREET ADDRESS	345 North Maple Drive, #205
CITY-ST-ZIP	LOS ANGELES CA 90069		5.4 CITY-ST-ZIP	Beverly Hills, CA 90210
TITLE		☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME			6.2 NAME	Mark Savel
STREET ADDRESS			6.3 STREET ADDRESS	9550 N 90th ste# 9
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Scottsdale, AZ 85248

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 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.

SIGNATURE: Jack Fitzgerald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)