

**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 # **H50504 (0)**  
1. Corporation Name  
**ASTAR CORPORATION**



Principal Place of Business: **10462 NW 31 TERR MIAMI FL 33172**  
Mailing Address: **10462 NW 31 TERR MIAMI FL 33172**

3. Date Incorporated or Qualified: **04/03/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2688932**  
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: **7601 SW Lost River Rd.**  
2a. Mailing Address: **7601 SW Lost River Rd.**  
22. City & State: **Stuart, FL**  
23. City & State: **Stuart, FL**  
24. Zip: **34997** 25. Country: **USA**  
26. Suite, Apt. #, etc.:  
27. Suite, Apt. #, etc.:  
28. City & State:  
29. Zip: **34997** 30. Country: **USA**

9. Name and Address of Current Registered Agent  
**MARTIN TABOR & ASSOCIATES**  
**10462 NW 31 TERR**  
**MIAMI FL 33172**

10. Name and Address of New Registered Agent  
81. Name: **Martin Tabor & Associates**  
82. Street Address (P.O. Box Number is Not Acceptable): **7601 SW Lost River Rd.**  
83.  
84. City: **Stuart** 85. Zip Code: **FL 34997**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0516, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/29/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	TABOR, MARTIN A.	
STREET ADDRESS	7320 SW 146 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOPEZ, CARLOS	
STREET ADDRESS	7401 NW 7 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 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: *[Signature]* DATE: **4/29/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Martin A. Tabor** DAYTIME PHONE: **(407) 220-0909**

CR2E034 (12/95)