FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J85108 (5)

1. Corporation Name
STARDUST SERVICES, INC.

Principal Place of Business	Mailing Address
8012 GILLETTE COURT ORLANDO FL 32836-5312	8012 GILLETTE COURT ORLANDO FL 32836-5312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 6030 CEDAR PINE DRIVE
Suite, Apt. #, etc. 22
City & State 23 ORLANDO, FLORIDA
Zip 24 32819-7124 Country 25 USA

2a. Mailing Address
26 6030 CEDAR PINE DRIVE
Suite, Apt. #, etc. 27
City & State 28 ORLANDO, FLORIDA
Zip 29 32819-7124 Country 30 USA

4. FEI Number: 59-2836308 ☐ 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

9. Name and Address of Current Registered Agent

NANCY SMITH ADER
8012 GILLETTE COURT
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name: NANCY SMITH ADER
82 Street Address (P.O. Box Number is Not Acceptable): 6030 CEDAR PINE DRIVE
83
84 City: ORLANDO FL 85 Zip Code: 32819

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: Nancy Smith Ader President — 4-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, NANCY A.	1.2 NAME	NANCY SMITH ADER	
STREET ADDRESS	8012 GILLETTE COURT	1.3 STREET ADDRESS	6030 CEDAR PINE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32836-5312	1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819-7124	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: Nancy Smith Ader — 4-27-95 — 407-352-6586
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068144 CP