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 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L75634 (0)

1. Corporation Name
JORDAN STARR, INC.

Principal Place of Business	Mailing Address
P.O. BOX 915647 LONGWOOD FL 32791-5647	P.O. BOX 915647 LONGWOOD FL 32791-5647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3015212 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SERIO, GERALD S. 611 WYMORE RD. SUITE 206 WINTER PARK FL 32789	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	DP	1 1 TITLE	DP ☒ Change ☐ Addition
NAME	STARR, ANGELA ANGELA STARR/KOLACKI	1 2 NAME	ANGELA STARR KOLACKI
STREET ADDRESS	~~2732 NIGHTHAWK COURT~~ 197 MONTEREY ISLE SO.	1 3 STREET ADDRESS	197 MONTEREY ISLE SO.
CITY ST ZIP	LONGWOOD FL 32779	1 4 CITY ST ZIP	LONGWOOD, FL 32791
TITLE	V P.	2 1 TITLE	VD ☒ Change ☐ Addition
NAME	BOB KOLACKI	2 2 NAME	BOB KOLACKI
STREET ADDRESS	197 MONTEREY ISLE SO.	2 3 STREET ADDRESS	197 MONTEREY ISLE SO.
CITY ST ZIP	LONGWOOD, FL 32779	2 4 CITY ST ZIP	LONGWOOD, FL 32791
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: Angela Starr Kolacki Angela Starr Kolacki 4/18/95 (407) 788-6403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0416517 FP