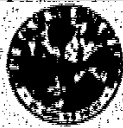


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 27 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66046

(7)

1. Corporation Name
STARFIRE, INC.

Principal Place of Business
**% MARILYN L. VASWANI
1910 WELLS RD. STORE 20-A
ORANGE PARK FL 32073**

Mailing Address
**% MARILYN L. VASWANI
1910 WELLS RD. STORE 20-A
ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/27/1988	3a. Date of Last Report 04/08/1994
4. FEI Number 59-2869058	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. 199.03? Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 SAME	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

**VASWANI, MARILYN L.
1910 WELLS RD.
STORE 20-A
ORANGE PARK FL 32073**

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

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	PT VASWANI, MARILYN L. 351 CROSSINGS BLVD., SUITE 1411 ORANGE PARK FL 32073	1.1 TITLE	☐ Change ☐ Addition
NAME	VASWANI, M.K.	1.2 NAME	
STREET ADDRESS	72 QUAIL FOREST DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH GA 31419	1.4 CITY - ST - ZIP	
TITLE	S VASWANI, LAXMAN K	2.1 TITLE	☐ Change ☐ Addition
NAME	85 DEBARRY AVE., #1042	2.2 NAME	
STREET ADDRESS	ORANGE PARK FL 32073	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)(b), 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 this 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:

Marilyn L. Vaswani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN L. VASWANI
President

46-95 904-264-3402
Date (Type in Year)