

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90239 034 ****61.25

DOCUMENT # N02000009797

1. Entity Name
ASTAR CSC, INC.



Principal Place of Business
9042 STATE RD 84
DAVIE, FL 33324

Mailing Address
1304 SW 160TH AVE
PMB 631
FORT LAUDERDALE, FL 33326

94061467



2. Principal Place of Business

1500 CORDOVA RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite 200

City & State

FORT LAUDERDALE, FL

City & State

Zip

33326

Country

USA

04152004

Chg-NP

CR2E037 (10/03)

4. FEI Number
42-1565034

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOD, JEFFREY S
C/O MAY MEACHAM & DAVELL, P.A.
ONE FINANCIAL PLAZA, STE 2602
FT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
WOLTER, MARGARET
600 PALM BLVD
WESTON, FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LEVINSON, MARY
1217 SE 3RD AVE
FT LAUDERDALE, FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
PARSON, CYNTHIA
440 NE 17TH AVE
FORT LAUDERDALE, FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TROUP, ZORICA
1702 ROYAL GROVE WAY
WESTON, FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HILL, LUCILLE
3210 NW 16TH ST
FORT LAUDERDALE, FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

MARGARET S. WOLTER

MARGARET S. WOLTER

Date

Daytime Phone #

4/20/04 629-8209