FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:16

DOCUMENT # N94000003259 (8)

1. Corporation Name
STAR CENTER, INC.

Principal Place of Business	Mailing Address
4213 MARINER BLVD. SUITE 121 SPRING HILL FL 34609	4213 MARINER BLVD. SUITE 121 SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report:
4. FEI Number: 59-3314852 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 26360 OLD Tilby Rd	26 26360 OLD Tilby Rd
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 Brooksville FL	City & State: 28 Brooksville FL
Zip: 24 34602 County: 25 Hernando	Zip: 29 34602 County: 30 Hernando

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has assets for assessing tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAAB, ROBERT
8372 PEORIA ST.
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

91 Name: Robert RAAB
92 Street Address (P.O. Box Number is Not Acceptable): 26360 OLD Tilby Rd
93
94 City: Brooksville FL 95 Zip Code: 34602

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: _____
(Signature, typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	O/T	☒ Change ☐ Addition
NAME	RAAB, DEBORAH	12 NAME		
STREET ADDRESS	8372 PEORIA ST.	13 STREET ADDRESS	26360 OLD Tilby Rd	
CITY ST ZIP	SPRING HILL FL 34608	14 CITY ST ZIP	Brooksville FL 34602	
TITLE	P	21 TITLE		☒ Change ☐ Addition
NAME	RAAB, ROBERT	22 NAME		
STREET ADDRESS	8372 PEORIA ST.	23 STREET ADDRESS	26360 OLD Tilby Rd	
CITY ST ZIP	SPRING HILL FL 34608	24 CITY ST ZIP	Brooksville FL 34602	
TITLE	D	31 TITLE	V	☒ Change ☐ Addition
NAME	LUPINSKI, JOHN	32 NAME		
STREET ADDRESS	1520 IVYDALE RD.	33 STREET ADDRESS		
CITY ST ZIP	SPRING HILL FL 34606	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HULTON, EDMUND JR.	42 NAME		
STREET ADDRESS	1211 AMBROSE COURT	43 STREET ADDRESS		
CITY ST ZIP	SPRING HILL FL 34606	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WIEDMER, TERRY	52 NAME		
STREET ADDRESS	3527 DOW LANE	53 STREET ADDRESS		
CITY ST ZIP	SPRING HILL FL 34609	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DOFKA, RICHARD	62 NAME		
STREET ADDRESS	2488 CORONET COURT	63 STREET ADDRESS		
CITY ST ZIP	SPRING HILL FL 34609	64 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: Robert Raab 6-26-95 (904) 796 1918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000034