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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1996	DIVISION O	F CORPORA	110	NS 						
DOCUI 1. Corporation	MENT # P9300										
STAR	TECH ENTERPRISES, INC										
Principal Place	of Business	Mailing Address								H <b>U</b> R	
,	BEAR COURT	P O BOX 3751	P.O. BOX 3751								
	RINGS FL 32708	WINTER SPRINGS F	L 32708								
						3. Date Incorporated or O	ualified	1 ****	te of Last F	•	
						03/01/1993 4. FEt Number		<u> </u>	05/01/1		
2. Principal Place of Business		2a. Mailing Address			59-3164543				Applied Fo		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status De	nirad		\$8.7	5 Addition	
22		27			5. Certificate of Status De	Sireo			Required		
City & State	9	Orty & State				6. Election Campaign Fina	-	П		00 May B	
23	Country	28	Cou	ntnı		Trust Fund Contribution  8. This corporation has lia				e 199.032	
Zip 24	Country 25	Ζφ <b>29</b>	30	may		Florida Statutes	Yes		ax unour	100.002,	1
	g. Name and Address of Curre				······	10. Name and Address of	f New F	tegistered	Agent		
				81	Name						
PEASE	, STEVEN A			82	Street /	Address (P.Q. Box Number is Not a	cceptat	ole)			
****	YOWN BEAR COURT			83	114	7 TWINKIVERS	BIYA	L			
WINTE	R SPRINGS FL 32708	And the Party of t	7	63							
				84	City 0	viedo		FI	85	Zip Code	G
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the abo	ve-r	named co	rporation submits this statement for	or the pu	rpose of cl	nanging its	registered	office
l or registe	red agent, or both, in the State of Flo ith, and accept the obligations of, Se	rida. Such change was autho	rized by the (	corp	oration's	board of directors. I hereby accept	the app	ointment a	.s registere	ed agent. Fa	am
SIGNATURE									,		
	Signature, typed or printed name of registered age	ent and title If applicable.  ND DIRECTORS	(NOTE: Rug stered	Agen	t signature re	aguined when reinstating)  ADDITIONS/CHANGES	TO OFF	DATE	ID DIRECT	TOBS IN 12	,
12.	D OFFICENS A	DELETE	1.11	ITLE					Change		
NAME	PEASE, STEVEN A	<del></del> -	1.2 N	AME		PEASE, STEVEN	H	1.45	-		
STREET ADDRESS	695 BROWN BEAR COURT	•	1.3 S	TREET	ADDRESS	1147 TWIN RIVER	KS B	LYD			
CITY-ST-ZIP	WINTER SPRINGS FL 3270		1.4 C	11Y-S	1 - ZIP	PEASE, STEVEN 1147 TWIN RIVER OVIEDO FL 32	766				
TITLE	D	DETELE	2 1 T						☐ Change	e 🔲 Add	Mion
NAME	PEASE, DONALD R	-	22 N		1000/00						
STREET ADDRESS	695 BROWN BEAR COURT WINTER SPRINGS FL 3270				ADDRESS IT- ZIP						
CITY-ST-ZIP TITLE	D	DELETE	3.11						Change	€ ∏ Add	dition
NAME	PEASE, TIMOTHY R	<del></del>	3.2 N	AME							
STREET ADDRESS	1053 SEMINOLE CREEK D	rive	3 3. 5	STREE	I ADDRESS						
CITY-ST-ZIP	OVIEDO FL 32765		340	TY - 5	31 - ZIP						Pro
TITLE		DELETE		TITLE					Chang	je 🔲 Add	dition
NAME			4.2 N								
STREET ADDRESS					r address St-zip						
CITY-SI-ZIP TITLE		DELETE.		TITLE	)1-211				Chang	je 🔲 Ado	dition
NAME		_	5.2 N	IAME							
STREET ADDRESS			538	TREE	ADDRESS						
CITY-ST-ZIP					ST - ZIP						dit an
TITLE .		DELETE		TITLE					Chang	je 🛗 Add	attoff
NAME				IAME	T #DODECC						
STREET ADDRESS	i		■ b.3 S	intt	T ADDRESS	I					

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven A. Pease

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)(k), 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. 4/1/96 407366 7499

CR2E034 (12/95)