

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000025508 (1)

1. Corporation Name

STAR TOWING OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

~~3333 SOUTH ORANGE AVENUE~~  
ORLANDO FL 32806

~~3333 SOUTH ORANGE AVENUE~~  
ORLANDO FL 32806



2. Principal Place of Business

2a. Mailing Address

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Suite **STAR TOWING, INC.**  
**5533 So. Orange Blossom Tr.**  
**ORLANDO, FL 32839**  
**(407) 859-3800**

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**5533 So. Orange Blossom Tr.**  
**ORLANDO, FL 32839**  
**(407) 859-3800**

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/02/1993

3a. Date of Last Report

04/11/1995

4. FEI Number

59-3175268

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

**BORRELL, EDGAR**  
~~3333 SOUTH ORANGE AVENUE~~  
**ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box

83

84 City

**STAR TOWING, INC.**  
**5533 So. Orange Blossom Tr.**  
**ORLANDO, FL 32839**  
**(407) 859-3800**

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, to the State of Florida. Such change has authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept responsibility for, Section 607.0105.

SIGNATURE

Signature typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**  
**TADDEI, RUBENS**  
STREET ADDRESS **1609 WINDHARBOR DRIVE**  
CITY - ST - ZIP **ORLANDO FL 32809**

TITLE ☐ DELETE

NAME **VD**  
**TADDEI, MARCELO**  
STREET ADDRESS **6451 PINWOOD DRIVE**  
CITY - ST - ZIP **ORLANDO FL 32809**

TITLE ☐ DELETE

NAME **SD**  
**CHIANG, LARRY**  
STREET ADDRESS **3115 MCEWAN LANE**  
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **TD**  
**BORRELL, EDGAR**  
STREET ADDRESS **6628 CITRUS VALLEY DRIVE**  
CITY - ST - ZIP **ORLANDO FL 32812**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/96)