SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 9:43

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000026395 (2)

1. Corporation Name

STAR ANALYTICAL INC.

Principal Place of Business	Mailing Address
6580 E ROGERS CIR BOCA RATON FL 33487 US	6580 E ROGERS CIR BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 04/09/1993
3a. Date of Last Report: 03/11/1994
4. FEI Number: 65-0404726 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 654 S. MILITARY TR	26 654 S. MILITARY TR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DEERFIELD BCH	City & State 28 DEERFIELD BCH
Zip 24 33442 / Country 25 USA	Zip 29 33442 / Country 30 USA

9. Name and Address of Current Registered Agent

WISHART, JAMES W
6580 E ROGERS CIR
BOCA RATON FL 33487

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WISHART, JAMES W	12 NAME	
STREET ADDRESS	6551 WINDING LAKE DR.	13 STREET ADDRESS	
CITY ST ZIP	JUPITER FL 33458	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WISHART, PATRICIA J	22 NAME	
STREET ADDRESS	6551 WINDING LAKE DR.	23 STREET ADDRESS	
CITY ST ZIP	JUPITER FL 33458	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	BOCCHINI, PEDRO	32 NAME	BOCCHINI, PEDRO
STREET ADDRESS	17576 WEEPING WILLOW TR.	33 STREET ADDRESS	4216 CEDAR CREEK RD
CITY ST ZIP	BOCA RATON FL 33487	34 CITY ST ZIP	BOCA RATON FL 33487
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	BOCCHINI, MARIA	42 NAME	
STREET ADDRESS	17576 WEEPING WILLOW TR.	43 STREET ADDRESS	4216 CEDAR CREEK RD
CITY ST ZIP	BOCA RATON FL 33487	44 CITY ST ZIP	BOCA RATON FL 33487
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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: [signature] 06/26/95 305-419 9890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)