

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 14 1995

DOCUMENT # P93000031813 (7)

1. Corporation Name
STAR SCENIC SUPPLY, INC.

Principal Place of Business: **614 VIRGINIA DRIVE ORLANDO FL 32829 US**
Mailing Address: **614 VIRGINIA DRIVE ORLANDO FL 32803 US**

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified: **05/01/1993** 3a. Date of Last Report: **03/29/1994**
4. FEI Number: **59-3180564** 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. 199.035, Florida Statutes: Yes No

2. Principal Place of Business: **21** State, Apt. #, etc. **26** Mailing Address: State, Apt. #, etc.
22 City & State: **27** City & State
23 Zip: **25** Country: **28** Zip: **30** Country

9. Name and Address of Current Registered Agent

**STEARNS, DONALD A
1330 UTAH BLVD
ORLANDO FL 32803**

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 607.0902 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 607.0805, Florida Statutes.

SIGNATURE

Signature of person making appointment and registered agent

NOTE: Registered Agent signature required when appointing

DATE

12. OFFICERS AND DIRECTORS	
101 NAME STREET ADDRESS CITY, ST, ZIP	CS STEARNS, SYLVIA 1330 UTAH BLVD ORLANDO FL
102 NAME STREET ADDRESS CITY, ST, ZIP	
103 NAME STREET ADDRESS CITY, ST, ZIP	
104 NAME STREET ADDRESS CITY, ST, ZIP	
105 NAME STREET ADDRESS CITY, ST, ZIP	
106 NAME STREET ADDRESS CITY, ST, ZIP	
107 NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
111 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
112 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
113 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
114 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
115 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
116 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
117 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 191.02(3)(b), 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, as 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 on Block 12 or Block 13 of a report, or on an attachment with an address.

SIGNATURE: *Sylvia Stearns* SYLVIA STEARNS
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

02/10/95 407/895-3944
Date Filed