

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

2. Principal Place of Business

21 621 BROOKHAVEN DR.

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FLORIDA

Zip

24 32803-2503

Country

25 ORANGE

2a. Mailing Address

26 621 BROOKHAVEN DR.

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FLORIDA

Zip

29 32803-2503

Country

30 ORANGE

3. Date Incorporated or Qualified

05/01/1993

3a. Date of Last Report

02/14/1995

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. 199.032,
Florida Statutes. Yes No

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 607.01(2) and 607.1509, 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 607.01(9), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
CS	STEARNS, SYLVIA	1330 UTAH BLVD	ORLANDO FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-STATE-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<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 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 of this report, or on an attachment with an address.

SIGNATURE: *Sylvia Stearn* SYLVIA STEARN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/96
DATE

407/895-3944
City & Phone #

CR2E034 (12/95)