

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000046946 (8)

1. Corporation Name  
RUSTSTAR, INC.

Principal Place of Business

800 BEN FRANKLIN DR  
#504 507  
SARASOTA FL 34236  
US

Mailing Address

800 BEN FRANKLIN RD.  
#504 507  
SARASOTA FL 34236-2135  
US

3. Date Incorporated or Qualified  
06/28/1993

3a. Date of Last Report  
03/29/1996

4. FEI Number  
65-0435590

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

21 Suite, Apt. #, etc.  
#507  
22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
#507  
27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SCOTT, DANIEL E  
2170 MAIN ST.  
SARASOTA FL 34237

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 607.0602 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

*Richard L. Starfield*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/97

12. OFFICERS AND DIRECTORS

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | PD                                   | <input type="checkbox"/> DELETE |
| NAME           | STARFIELD, LEE                       |                                 |
| STREET ADDRESS | 800 BEN FRANKLIN AVE., SUITE 504 507 |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34236                    |                                 |
| TITLE          | VD                                   | <input type="checkbox"/> DELETE |
| NAME           | STARFIELD, RICHARD L                 |                                 |
| STREET ADDRESS | 800 BEN FRANKLIN AVE., SUITE 504 507 |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34236                    |                                 |
| TITLE          | STD                                  | <input type="checkbox"/> DELETE |
| NAME           | MARKS, DORIS                         |                                 |
| STREET ADDRESS | 800 BEN FRANKLIN DRIVE SUITE 504     |                                 |
| CITY-ST-ZIP    | SARASOTA FL                          |                                 |
| TITLE          |                                      | <input type="checkbox"/> DELETE |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> DELETE |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> DELETE |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  | Suite 507   |
| 14 CITY-ST-ZIP     |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS | Suite 507   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing 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:

*Richard L. Starfield* Richard L. Starfield 4/3/97 941-388-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/96)