

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000014213 (0)**

1. Corporation Name
STAR PLASTICS, INC.



Principal Place of Business
**2161 S.W. 59TH AVENUE
HOLLYWOOD FL 33023**

Mailing Address
**2161 S.W. 59TH AVENUE
HOLLYWOOD FL 33023**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/22/1994

3a. Date of Last Report
05/22/1995

4. FEI Number
65-0466964

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

10. Name and Address of New Registered Agent

**VALENTINE, BILL
2161 S.W. 59TH AVENUE
HOLLYWOOD FL 33023**

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

Signature of the person having authority to sign and file this report

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1 NAME
2 STREET ADDRESS
3 CITY - ST - ZIP
4 TITLE
5 NAME
6 STREET ADDRESS
7 CITY - ST - ZIP
8 TITLE
9 NAME
10 STREET ADDRESS
11 CITY - ST - ZIP
12 TITLE
13 NAME
14 STREET ADDRESS
15 CITY - ST - ZIP
16 TITLE
17 NAME
18 STREET ADDRESS
19 CITY - ST - ZIP
20 TITLE

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

2 NAME

3 STREET ADDRESS

4 CITY - ST - ZIP

5 1 TITLE

6 NAME

7 STREET ADDRESS

8 CITY - ST - ZIP

9 1 TITLE

10 NAME

11 STREET ADDRESS

12 CITY - ST - ZIP

13 1 TITLE

14 NAME

15 STREET ADDRESS

16 CITY - ST - ZIP

17 1 TITLE

18 NAME

19 STREET ADDRESS

20 CITY - ST - ZIP

21 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

25 1 TITLE

26 NAME

27 STREET ADDRESS

28 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)(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 if changed, or on an attachment with an address.

SIGNATURE: *Bill Valentine* **BILL VALENTINE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96 994-985-8310

Date Daytime Phone #

CR2E034 (12/95)