

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

APPROVED AND FILED

05 APR 27 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000032023 (1)
 1. Corporation Name
DAYSTAR INTERNATIONAL, INC.

Principal Place of Business Mailing Address
917 TERRA MAR DRIVE TAMPA FL 33613 **917 TERRA MAR DRIVE TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|--|-------------------------------|--|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 1202 N. Howard Ave. | | 26 1202 N. Howard Ave. | | 04/27/1994 | 4-27-94 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | 59-3239725 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Tampa, Fl. | | 28 Tampa, Fl. | | <input type="checkbox"/> | <input type="checkbox"/> |
| Zip | | Zip | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 33607 | | 29 33607 | | <input type="checkbox"/> | <input type="checkbox"/> |
| Country | | Country | | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | |
| 25 U.S.A. | | 30 U.S.A. | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
FREEMAN, GLEN R
917 TERRA MAR DR.
TAMPA FL 33613

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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FREEMAN, GLEN R | 1.2 NAME | |
| STREET ADDRESS | 917 TERRA MAR DR. | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | TAMPA FL 33613 | 1.4 CITY, ST, ZIP | |
| TITLE | V. P. | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tim Backus | 2.2 NAME | |
| STREET ADDRESS | 4216 Grainary Ave. | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | Tampa, Fl. 33624 | 2.4 CITY, ST, ZIP | |
| TITLE | Sec. / Treas. | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Charlotte Murray | 3.2 NAME | |
| STREET ADDRESS | 2018 Cattleman Dr. | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | Brandon, Fl. 33511 | 3.4 CITY, ST, ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY, ST, ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 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)(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 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: Glen R. Freeman DATE: **4-24-95** TELEPHONE: **813-258-3688**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR