

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 # P94000036382 (7)

1. Corporation Name

SERVICE STAR, INC.



Principal Place of Business

Mailing Address

C/O MICHAEL STEVEN GREENE, ESO
201 S BISCAYNE BLVD SUITE 900
MIAMI FL 33131
US

C/O MICHAEL STEVEN GREENE, ESO
201 S BISCAYNE BLVD SUITE 900
MIAMI FL 33131
US

3. Date Incorporated or Qualified
05/09/1994

3a. Date of Last Report
04/04/1995

4. FEI Number
65-0489599

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

26 SERVICE STAR INC.

27 P.O. BOX 810954

28 BOCA RATON FL.

29 33481

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, MICHAEL S
C/O ZUCKERMAN, SPAEDER, TAYLOR & EVANS
201 S BISCAYNE BLVD SUITE 900
MIAMI FL 33131

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, typed or printed name of registered agent, if applicable

Signature, typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME COHEN, LORI
STREET ADDRESS 17085 WHITE HAVEN DRIVE
CITY-STATE-ZIP BOCA RATON FL

11 TITLE
12 NAME Change Addition

TITLE VT
NAME FERNANDEZ, SERGIO
STREET ADDRESS 5026 SW 147TH PLACE
CITY-STATE-ZIP MIAMI FL

13 STREET ADDRESS 2401 W. COMMERCIAL BLVD.
14 CITY-STATE-ZIP TAMPA FL 33309

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-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:

Lori Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lori Cohen PMS 4/2/96 954-981-0724

CR2E034 (12/95)