

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY -1 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038585 (3)

1. Corporation Name

STAR CONSULTING CORP.

Principal Place of Business

2014 FOURTH ST  
SARASOTA FL 34237

Mailing Address

2014 FOURTH ST  
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 3400 S. Tamiami Trail

2a. Mailing Address

26 3400 S. Tamiami Trail

4. FEI Number

65-0492936

Applied For

Not Applicable

Suite, Apt. #, etc.

22 301

Suite, Apt. #, etc.

27 301

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 Sarasota, FL

City & State

28 Sarasota, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

24 34239

Country

25 Sarasota

Zip

29 34239

Country

30 Sarasota

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

JAENSCH, PETER J  
2014 FOURTH ST  
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3400 S. Tamiami Trail

83

Suite 301

84 City

Sarasota

FL

85 Zip Code

34239

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 person or persons named as registered agent and the corporation)

PETER J JAENSCH

(NOTE: Registered Agent signature required when necessary)

4/25/95

12. OFFICERS AND DIRECTORS

|                |                    |
|----------------|--------------------|
| TITLE          | D                  |
| NAME           | PAPENFUSS, GUENTER |
| STREET ADDRESS | 4120 VALLARTA CT   |
| CITY ST ZIP    | SARASOTA FL 34233  |
| TITLE          | D                  |
| NAME           | PAPENFUSS, CHRISTA |
| STREET ADDRESS | 4120 VALLARTA CT   |
| CITY ST ZIP    | SARASOTA FL 34233  |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY ST ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY ST ZIP    |                    |
| TITLE          |                    |
| 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 |                                                                   |
| 14 CITY ST ZIP    |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY ST ZIP    |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY ST ZIP    |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY ST ZIP    |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY ST ZIP    |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 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 included 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:

*G. Papenfuss*

G. PAPENFUSS

4.21.95 813-366-9841

Date

Telephone Number