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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P94000038585 (3)

STAR CONSULTING CORP.

FILED Apr 29 1998 8:00am Secretary of State

271-1664

Principal Place of Business		Mailing Address			
2198 MAIN STREET SARASOTA, FL 34237 US		2198 MAIN STREET SARASOTA, FL 34237 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
2. Principal Place of Business		2a. Mailing Address			05/23/1994 4. FEI Number Applied For
21		26	26		65-0492936 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Status Desired Section Secti
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip Country		Zip Country		,	Trust Fund Contribution Added to Fees
24	25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered Agent
!	IAENICCU DETED I		81	Name	_
JAENSCH, PETER J 2198 MAIN STREET			82	Street	Address (P.O. Box Number is Not Acceptable)
	SARASOTA, FL 34237		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		the state of the s			
12.	Stgnature, typed or printed name of registered ago OFFICERS AN		13.	ent signature	e required when reinstalting) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	PAPENFUSS, GUENTER		1.2 NAME		
STREET ADDRESS	SS 4120 VALLARTA CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY - S	T-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAPENFUSS, CHRISTA		2.2 NAME		
STREET ADDRESS	4120 VALLARTA CT	2.5		ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233		2. 4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		VP HEUGER, STEFAN PAPENFUSS 4120 VALLARIA CT. SARASOTA F. 34233
NAME :			3.2 NAME		HERO WALLARIA CT.
STREET ADDRESS			3.3 STREET		(100 VATA G 342.22
CITY+ST-ZIP TITLE		DELETE	3.4. C(TY - 1 4.1 T(TLE	SI-ZIP	Change Addition
NAME			4.2 NAME		Committee Committee
STREET ADDRESS	ADDRESS		4.3 STREET	ADDOESS	
CITY-ST-ZIP			4.4 CITY-S		
TITLE			5.1 TITLE) - En	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY+ST-ZIP			5.4 CITY- S		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
SYREET ADDRESS			6.3 STREET	ADDRESS	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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.