

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL -7 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000055078 (7)

1. Corporation Name

ITAL-STAR, INC.

Principal Place of Business

P.O. BOX 22496
LAKE BUENA VISTA FL 32830

Mailing Address

P.O. BOX 22496
LAKE BUENA VISTA FL 32830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/26/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3257068

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**D'ANGELO, FRANCESCO
13501 MEADOWCREEK DR
APT 511
ORLANDO FL 32821**

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 and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **D'ANGELO, FRANCESCO**
STREET ADDRESS **13501 MEADOWCREEK DR APT 511**
CITY - ST - ZIP **ORLANDO FL 32821**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **PICCIONE, FRANCESCO**
STREET ADDRESS **13501 MEADOWCREEK DR APT 709**
CITY - ST - ZIP **ORLANDO FL 32821**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

**PICCIONE FRANCESCO
13501 MEADOWCREEK DR APT. 511
ORLANDO FL 32821**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Typed Name)

Francesco D'Angelo - DIRECTOR - 06/30/95 - 980-6450