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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000017505 (5)

LAURSTAR TELECOMMUNICATIONS, INC.

Principal Place of Business Mailing Address					T I DECITAL THE VENET ENVIR BEING BEING BEING BEGGE THE SECTION OF
		7820 CAPWOOD AVE.	Æ		·
		TEMPLE TERRACE FL 33637			
					DO NOT WRITE IN THIS SPACE
ŀ					3. Date Incorporated or Qualified
					03/03/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26		,	59-33 18966 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
City & State		City & State			Fee Required
					6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	Zip Zip	Countr		Trust Fund Contribution Added to Fees
24	25	<u> </u>	_ `	y	8. This corporation owes or has paid the current year Intangible
24	g. Name and Address of Cur		<u>ان</u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
				Name	
DUARTE, ANTONIO III 11959 N. FLORIDA AVE.			L		
TAMPA FL 33612			82	Street	ot Address (P.O. Box Number is Not Acceptable)
1AMPA PL 33012			83	 	
			"		
			84	City	FL 85 Zip Code
11 Pursuant to the provisions of Sactions 607 0502 and 607 1508. Florida Statutes, the above named connection as broken the					C composition submitte this statement to the summer of the
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 ticle if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.		AND DIRECTORS	13.	ani signatura	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WILDER, GORDON		1.2 NAME		
STREET ADDRESS	7820 CAPWOOD AVE.	1		ADDRESS	,
CITY-ST-ZIP	TEMPLE TERRACE FL 336			ST-ZIP	
TITLE	STD	DELETE	2.1 TITLE	er En	Change Addition
NAME	REED, LAURA		2.2 NAME		L. Composition
STREET ADDRESS	7820 CAPWOOD AVE.	1	2.3 STREET	ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 336	37	2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		Same County Same County
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP				- 1	j
TITLE		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME		_	4. 2 NAME	ŀ	- Strange - Account
STREET ADDRESS			4.3 STREET	Annaece	
CITY-ST-ZIP			4.4 CITY-5	- 1	
TITLE		DELETE			Change Addition
NAME		Bernet or a control of	5.2 NAME		CT Orange CT Addition
STREET ADDRESS			C.C. OTOGES	4000000	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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

6.2 NAME

5.4 CITY - ST - ZIF

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

Decos .

DELETE

See-Tro

2/24/98

813-488-6484

FILED

Mar 04 1998 8:00am

Secretary of State