

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039601 (6)

1. Corporation Name

STAR PROCESSING INC.



Principal Place of Business
1726 AVE L
RIVIERA BEACH FL 33404

Mailing Address
1726 AVE L
RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified 05/18/1995	3a. Date of Last Report
4. FEI Number 52-1938513	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
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ALOIA, CHRISTOPHER J
1726 AVE L
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 named as registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Change ☐ Addition ☐
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	Change ☐ Addition ☐
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	Change ☐ Addition ☐
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	Change ☐ Addition ☐
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	Change ☐ Addition ☐
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	Change ☐ Addition ☐
61 TITLE	Change ☐ Addition ☐
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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***225.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR