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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra D. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056971 (1)

1. Corporation Name

OCEANSTAR BUSINESS CONSULTANTS, INC.



Principal Place of Business

810 SATURN STREET SUITE 16-150
JUPITER FL 33477

Mailing Address

810 SATURN STREET SUITE 16-150
JUPITER FL 33477

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Elaine J Richards

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

810 Saturn St Suite 16-150

83

84 City

Jupiter

FL

85

Zip Code

33477

11. Pursuant to the provisions of Sections 607.03(2) and 607.15(4), Florida Statute, 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 agree to the filing of this statement.

SIGNATURE

Elaine J Richards

Elaine J Richards

4/8/96

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	RICHARDS, ELAINE J	
STREET ADDRESS	810 SATURN STREET SUITE 16-150	
CITY-STATE-ZIP	JUPITER FL 33477	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-STATE-ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-STATE-ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-STATE-ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 exercise this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 14 of changes or on an attachment with an address.

SIGNATURE:

Elaine J Richards

Elaine J. Richards

4/8/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

CR2E034 (12/95)