LE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
ORPORATION
NUAL REPORT
1996

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

JMENT # **P95000058302 (7)**
tion Name
.STAR MARKETING, INC.

ce of Business
RK OF COMMERCE BLVD. STE 272
BEACH FL 33445

Mailing Address
1300 PARK OF COMMERCE BLVD. STE 272
DELRAY BEACH FL 33445

Place of Business	2a. Mailing Address 26
#, etc.	Suite, Apt. #, etc. 27
ate	City & State 28
Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **07/25/1995** | 3a. Date of Last Report: **N/A**

4. FEI Number: **65-0603768** ☐ 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

9. Name and Address of Current Registered Agent

LLETTE, LORETTA S
NW 22ND COURT
RAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

nt 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 tered 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 vare, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature of New Registered Agent (if changing) — DATE

Signature of Registered Agent (if changing) — DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE TREASURER DONALD J. MOLLO 594 FEDERAL ROAD BROOKFIELD, CT 06804	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE PRESIDENT LORETTA S. OUELLETTE 792 NW 22nd COURT DELRAY BEACH, FL 33445	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 hat 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 s in Block 12 or Block 13 if changed, or on an attachment with an address.

ATURE: *Loretta S. Ouellette* 2/22/96 (407) 279-0506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LORETTA S. OUELLETTE