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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Aug 10 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 D95000077771 DOCUMENT # STAR TRANSPORTATION INC. Principal Place of Business Mailing Address PO BOX 222151 2116 N 32ND CT HOLLYWOOD FL HOLLYWOOD FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 1316-66025 33021 10-10-95 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-06 (3MAZ) (smme) Not Applicable Suite, Apt. #, etc Suito, Apt. #, etc. \$8.75 Additional \mathbf{Z} 6. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MICHAEL LE CATES 81 Name 2116 N 32ND CT Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 83 64 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 pented name of registered agent and lite if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE $M, \sigma, \epsilon, \tau, q$ 1.1 TITLE Change MICHAEL LA CATES NAME 1.2 NAME N/A 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELLETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 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.

MICHAEL LECATES,

954/966 MICHAEL LECATES,

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

***558.75

7000026135**2**7

-08/12/98--01015--0**0**3

Addition

Change

FILED