

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000088061 (3)

1. Corporation Name

STARVISION MARKETING, INC.



Principal Place of Business

28050 U.S. HIGHWAY 19 NORTH
SUITE 508
CLEARWATER FL 34621

Mailing Address

28050 U.S. HIGHWAY 19 NORTH
SUITE 508
CLEARWATER FL 34621

3. Date incorporated or Qualified
11/15/1995

3a. Date of Last Report

2. Principal Place of Business

21 26344 US Hwy 19N

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 Clearwater FL

Zip

24 34621

Country

25 PAVOLAS

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

4. FEI Number

59-3346010

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PAULDICK, B 2 8050 U.
S. HIGHWAY 19 NORTH
SUITE 508
CLEARWATER FL 34621

81 Name

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

83

84 City

FL

85 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 printed name of registered agent and lowest applicable

(NOTE: Registered Agent's signature is required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PRESIDENT

STREET ADDRESS 28050 U.S. HWY 19 N, SUITE 508

CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ DELETE

NAME SFC. TASHARA R

STREET ADDRESS CINDY MAW

CITY-ST-ZIP 897 BEAKLEY COURT

TITLE ☐ DELETE

NAME PAUL HARBOR, FL 34624

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 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

SIGNATURE: B Pauldick B Pauldick

5/20/96 813 726-5111

CR2E034 (12/95)