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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000050008 (7)

1. Corporation Name  
AMERISTAR TECHNOLOGY CORPORATION

Principal Place of Business  
5183 NW 15 STREET  
MARGATE FL 33063

Mailing Address  
5183 NW 15 STREET  
MARGATE FL 33063-3714



2. Principal Place of Business

21 1308 C N. SR #7  
Suite, Apt. #, etc.

22 City & State

23 Margate FL 33063

Zip

24 33063

Country

25 USA

2a. Mailing Address

26 1308 C N. SR #7  
Suite, Apt. #, etc.

27 City & State

28 Margate FL

Zip

29 33063

Country

30 USA

3. Date Incorporated or Qualified  
06/11/1996

3a. Date of Last Report

4. FEI Number

65-0682515

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

BURGESS, JOSEPH LYMAN III  
2631 N.W. 63RD TERRACE  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name ANGELA L. Burgess

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

1308-C N. SR #7

83

84 City MARGATE

FL

85 Zip Code

33063

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 *Angela L. Burgess*  
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

1/6/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BURGESS, JOSEPH LYMAN III  
STREET ADDRESS 2631 N.W. 63RD TERRACE  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ DELETE  
NAME  
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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. ☐ Change ☒ Addition  
1.2 NAME Angela L. Burgess  
1.3 STREET ADDRESS 399 Laurel Dr.  
1.4 CITY-ST-ZIP MARGATE, FL 33063

2.1 TITLE Sec. ☐ Change ☒ Addition  
2.2 NAME Martha Zeeb  
2.3 STREET ADDRESS 2588 NW 63 Terr  
2.4 CITY-ST-ZIP MARGATE, FL 33063

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby 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.

SIGNATURE: *Angela L. Burgess*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 954-971-8324  
DATE Daytime Phone #

CR2E034 (9/96)