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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000055619

WEST STAR CORPORATION

3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Bosiness 2a. Mailing Address Applied For 26 Not Applicable Sorte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032. 24 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 62 Street Address (P.O. Box Number is Not Acceptable) City 85 Zip Code fons 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered rep the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the r office or registe SIGNATURE agest and title if applicable (NCTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10.1 11 THILE Change Addition 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CHM-SI-ZP 1.4 CITY - ST - ZIP TO F

2) TITLE Change Addition STREET ACCORDS 23 STREET ADDRESS 2 4 CITY - ST-ZIP Cdy 51-20 1 1LF DELETE 31 TITLE Change Addition 1141.1 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CLY SI-VI DELETE 4.1 TITLE Change Addition N.C.116 4. 2 NAME STHEAT ALLOHERS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP OHY 51 708 T-11 F ☐ DFLETE 5.1 TITLE Addition SALT 5.2 NAME STEEL ALTERS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP Olly St 20 1:31 F DELETE 6.1 TITLE Addition 900002188749 -05/22/97--01116--035 9559 6.2 NAME 6.3 STREET ADDRESS ***165.00 6 4 CITY-ST-ZIP 14. For fact by call by 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 and cated 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 have an officer or director of the corporation or the receiver or trustee empowered to account this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

SIGNATURE AND TOPED ON PRINTED NAME OF SIGNING OFFICER OR ONE

an attachment with an address.

PRES 4304 (Date D. A. Deyline Pro

819/341/0195

May 13 1997 8:00am

Secretary of State