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 # P96000079135 (5)

AVSTAR, INC.

Principa	Place of	Business
----------	----------	----------

Mailing Address

FILED May 19 1997 8:00am Secretary of State



ZEPHYRHILLS FL 33541		ZEPHYRHILLS FL 33541-2613						
					3. Date incorporated or Qualified 09/23/1996	3a. Date of Last R	Report	
	lace of Business	2a. Mailing Address		4. FEI Number	1A &	oplied For	1	
21						No	ot Applicable	1
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75	Additional	1	
22		27		Of Continuate of Status Desireo	Fee Re	equired		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
Zip	Zip Country Zip		0		Trust Fund Contribution	·····	to Fees	_
24	25	Zip	Count	У	8. This corporation has liability fo		. 199.032,	
[54]	9. Name and Address of Currer	29 29 Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes No		4
MC			8	Name	10, Hame and Address of Hen Heg	istored Agent		-
MCKELVEY, HERBERT L 5407 EPPING LANE								
	HYRHILLS FL 33541		8:	Street Add	dress (P.O. Box Number is Not Acceptabl	e)]
EL1	TITTU MELO I E 00041		8:	3				+
				<u> </u>				
			84	City		FL 85 Zip	Code	1
11. Pursuant t	to the provisions of Sections 607.050	2 and 607,1508, Florida Statut	es, the abor	re-named cor	rporation submits this statement for the pu	rpose of changing if	s registered	┨
office or re	egistered agent, or both, in the State m tamiliar with, and accept the oblica	of Florida. Such change was a ations of Section 607 0504. Etc.	authorized b prida Sjatute	y the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	the appointment as	registered	
SIGNATURE	HERBERT L. MC	KELVEY TH	M/c	مد رکاه لا	un	4/28/97		
	signature, typed or printed hanve of registered age	int and title if applicable (NO1		cnt signature requ	uired then reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE]8
₹ITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition	ő
NAME	MCKELVEY, HERBERT L		1.2 NAME					2
STREET ADDRESS	5407 EPPING LANE		1.3 STREE	1 ADDRESS				Ü
CITY-ST-ZIP TITLE	ZEPHYRHILLS FL 33541	DILLETE	1.4 CITY-	S1-ZIP				٦ğ
NAME	MCKELVEY, JUDITH G		2.1 1171.6			L Change	Addition	۲
STREET ADDRESS	5407 EPPING LANE		2.2 NAME					1
CITY-ST-ZIP	ZEPHYRHILLS FL 33541			1 ADDRESS				
TITLE	ZETTITITIELO I E 33341	DELETE	2 4 CHTY-	S1 - ZIP		Change	Addition	-
NAME			3.2 NAME			L Criange	Addition	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			3.4 CITY					
TITLE		DELLTE	4.1 TITLE			Change	Addition	1
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		□ DELETE	5.1 TITLE			☐ Change	☐ Addition	1
NAME			5.2 NAME					
STREET ADDRESS			53 STREE	1 ADDRESS				
CITY-ST-ZIP			5.4 CITY-1	ST - ZiP				
TITLE		DELETE	61 TITLE			☐ Change	Addition	1
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	I ADDRESS				
CITY-ST-ZIP			6.4 CITY -	\$1 - ZIP				

I do hereby certify that the information supplied with this filling 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 eath; 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 altachment with an address.