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

P96000087810 DOCUMENT #

Sunstar / European Interlock Inc.

Principal Place of Business 5117 Castello Dr. Stell naples FL 34103 SITI Castello Dr. Stel 3. Date Incorporated or Qualified 10 24 96 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State Cily & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution 23 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 Florida Statutes ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOT): Registered Agent signalure required when reinstating) agent and life if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)DELETE Addition Change TITLE 11 THE Hesident Kenneth Baxter 517 Castello Dr. Ste 1 NAME 1.2 NAME 13 STREET ADDRESS STREET ADDRESS 34103 naples 12 City - ST - ZiP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - 2IF DELEJE 3 1 TITLF Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY - S1 - ZiP DELETE 4.1 1011 Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 City-St-ZiP DELETE ___ Addition 5.1 Tall6 Change NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - S1 - ZIP DETETE 611011 Change Addition TITLE 800002209708 -06/12/97--01003--022 ***165.00 NAME

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 supplied 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 nic receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if planged, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 C(1Y - S1 - Z)P

SIGNATURE:

STREET ADDRESS

Kenneth E. BASTON

4/30/97

FILED

Jun 06 1997 8:00am

Secretary of State