STREET ADDRESS

SIGNATURE:

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P96000091896 (6) STAR ACOUSTICS INDUSTRIES, INC. Principal Place of Business Mailing Address 1381 SE NANCY LANE 1381 SE NANCY LANE PORT ST LUCIE FL 34983 PORT ST LUCIE FL 34983 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/04/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0704742 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Crty & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\bigcap \text{No}\) No Zip Country Country Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent UPHUES, ROGER A **1381 SE NANCY LANE** 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34983 83 84 2 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered alions of Section 607-9505. Florida Statutes. Pursuant to the provisions of Sections office or registered agent, or both, in 1 agent, 1 am terniliar with, and accept to the section of the section o SIGNATURE 12. ICERS AND DIRECTORS 13. DELETE Resident Addition TITLE 1.1 TITLE UPHUES, ROGER A NAME 1.2 NAME 1381 SE NANCY LANE STREET ADDRESS 1.3 STREET ADDRESS PORT ST LUCIE FL 34983 CITY-ST-ZIP 1.4 City-ST-ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 this the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, an attachment with an address

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