

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

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthoft Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000048110 (5)**

1. Corporation Name
STAR VISION, INC.



Principal Place of Business

**P O BOX 547734
ORLANDO FL 32854-7734**

Mailing Address

**P O BOX 547734
ORLANDO FL 32854-7734**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 706 turnbull Ave	26 PO Box 547734
22 Suite 102	27 ORLANDO FL 32854
23 Altamonte Sp. FL	28 Orange
24 32701	29 Orange

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number **59-3476042**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LOWE, JAYE
909 N WYMORE RD
WINTER PARK FL 32789-7734**

10. Name and Address of New Registered Agent

81 Name **Billy J. Becton**
82 Street Address (P.O. Box Number is Not Acceptable) **542 ORANGE DR #21**
83 **Altamonte Springs FL 32701**
84 City **Altamonte Springs** **FL** 85 Zip Code **32701**

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

Billy J. Becton

(NOTE: Registered Agent signature required when reinstating)

April 20, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director
NAME	WERTS, LARRY A	1.2 NAME	Billy J. Becton
STREET ADDRESS	P O BOX 547734 N/A	1.3 STREET ADDRESS	542 ORANGE DR #21
CITY-ST-ZIP	ORLANDO FL 32854-7734	1.4 CITY-ST-ZIP	Altamonte Springs FL 32701
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

Larry A Werts President

4/20/98 407-834-2612

CR2E034 (10/97)