


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

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Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000095921 (7) 1. Corporation Name STAR AUTO SALES, INC.					
Principal Place of Business 15216 US HWY. 19 N. HUDSON FL 34667			Mailing Address 15216 US HWY. 19 N. HUDSON FL 34667		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 15216 US 19 North Suite, Apt. #, etc. 22 None City & State 23 HUDSON FL Zip 24 34667		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 None City & State 28 HUDSON Zip 29 34667		3. Date Incorporated or Qualified 11/10/1997 4. FEI Number 118467728 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent O'CONNOR, PATRICK M 18167 U.S. HWY. 19 NORTH, STE. 150 CLEARWATER FL 34624			10. Name and Address of New Registered Agent 81 Name O'Connor Patrick M 82 Street Address (P.O. Box Number is Not Acceptable) 18167 US 19 North Ste 150 83 84 City Clearwater & FL 85 Zip Code 34624		
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 <i>[Signature]</i> DATE 4/1/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME DEBELLO, NICHOLAS STREET ADDRESS 7459 OAK TREE LANE CITY-ST-ZIP SPRING HILL FL 34607 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE: *[Signature]*

CR2E034 (10/97)