FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	DRATION L REPORT 1996	Sandra B. M Secretary of DIVISION OF COR	of State		
DOCUM 1, Corporation Na	ame	5 (7)			
AIRSTAR	i, ING.				
Principal Place of		Mailing Address 1387 N KILLIAN DR		I TO STATE OF THE THE THE THE	
1387 N KILUAN LAKEPARK FL	I DR 33403	LAKEPARK FL 33403			
				3. Date Incorporated or Qualified 05/16/1991	3a. Date of Last Report 05/01/1995
2. Principal Place		2a. Mailing Address 26 612000	0 a A110	4. FEI Number 65-0267387	Applied For Not Applicable
1 62 C Suite, Apt. A	orange Ave	Suite, Apt. # Atc.	ige noc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1 7	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3 Jupi	ter 71	28 JUPITED	Count B	8. This corporation has liability for i	intangible tax under s 199.032,
24 3345	25 P.B	1	30 FD	Florida Statutes Yes 10. Name and Address of New R	No Registered Agent
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. 114110	
HERR, THOMAS C			82 Street Add	iress (P.O. Box Number is Not Acceptab	vle)
6160 EAG	ales nest dr		83		
JUPITER	FL 33458		84 City		85 Zip Code
			1 1 7	Line a basic of this statement for the Du	roose of changing its registered office
CICMATURE V	stanature, typod or printed name of registered ages	ent and title if applicable. (NOTE:	Registered Agent signature requir	oration submits this statement for the purard of directors. Thereby accept the appropriate when reinstating)	SQQL DAYE TICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13. 1 1 TITLE	ADDITIONS/CHANGES TO OF	Change Addition
NAME STREET ADDRESS	D HERR, THOMAS C. 6160 EAGLES NEST DRIVE	_	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	JUPITER FL D	DELETE	1.4 CITY-ST-7/P 2 1 TITLE		Change Addition
NAME	MAHRAMUS, FRANK G.		2.2 NAME		
STREET ADDRESS	303 LEEWOOD DR JUPITER FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELF1E	3. 1 T(TLE		Change Addition
NAME			3.2 NAME 3.3. STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		DELETE	4. 1 TITLÉ		Change Addition
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP		C Observe C Addition
TITLE		[] DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME 5.3 STREE1 ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		- Andrew -
CITY-SI-ZIP TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
CITY - ST - ZIP	by certify that the information suppli	ied with this filing is voluntarily furni	shed and does not quali	fy for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further
certify that	at the information indicated on this a t I am an officer or director of the co in Block 12 of Block 13 if changed,	proporation or the receiver or trustee	empowered to execute	urate and that my signature shall have the this report as required by Chapter 607,	Florida Statutes; and that my name

CR2E034 (12/95)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE:**