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

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S87710** **(7)**

1. Corporation Name
**NATIONAL STAR, INC.**

Principal Place of Business
**P.O. BOX 8097**
**PORT CHARLOTTE FL 33949**

Mailing Address
**P.O. BOX 8097**
**PORT CHARLOTTE FL 33949**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # etc. (22) (27)
City & State (23) (28)
ZIP (24) (29) County (25) (30)

4. FEI Number: **65-0289232** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

**OAKS, DAVID K.**
**201 W. MARION AVENUE**
**SUITE 205**
**PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.1916 and 607.1808, 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(s) 607.0505, Florida Statutes.

SIGNATURE (Typed or Printed Name of Registered Agent and Title of Officer if Registered Agent is a Corporation) (Registered Agent or Officer if Registered Agent is a Corporation) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 91 Title | PTD | 111 Title | ☐ Change ☐ Addition |
| 92 Name | CAMINITI, ANTHONY J. | 112 Name | |
| 93 Street Address | 291 LECTURN STREET | 113 Street Address | |
| 94 City-St-Zip | PORT CHARLOTTE FL | 114 City-St-Zip | |
| 95 Title | VSD | 115 Title | ☐ Change ☐ Addition |
| 96 Name | CAMINITI, DIANE G | 116 Name | |
| 97 Street Address | 291 LECTURN STREET | 117 Street Address | |
| 98 City-St-Zip | PORT CHARLOTTE FL | 118 City-St-Zip | |
| 99 Title | | 119 Title | ☐ Change ☐ Addition |
| 100 Name | | 120 Name | |
| 101 Street Address | | 121 Street Address | |
| 102 City-St-Zip | | 122 City-St-Zip | |
| 103 Title | | 123 Title | ☐ Change ☐ Addition |
| 104 Name | | 124 Name | |
| 105 Street Address | | 125 Street Address | |
| 106 City-St-Zip | | 126 City-St-Zip | |
| 107 Title | | 127 Title | ☐ Change ☐ Addition |
| 108 Name | | 128 Name | |
| 109 Street Address | | 129 Street Address | |
| 110 City-St-Zip | | 130 City-St-Zip | |
| 131 Title | | 133 Title | ☐ Change ☐ Addition |
| 132 Name | | 134 Name | |
| 133 Street Address | | 135 Street Address | |
| 134 City-St-Zip | | 136 City-St-Zip | |

14. (If filing) I certify that the information supplied with this filing is voluntarily furnished and 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:** Diane Caminiti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1995
Date

813-255 0673
Daytime Phone #

045A02 FP