

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

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------------------------------|---------|--|--|-------------------|--|--|------------------|--|--|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      | <br><b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |                                                                                                                                                                                                                                      | <b>FILED<br/>SECRETARY OF STATE<br/>DIVISION OF CORPORATIONS</b><br><br>95 APR 17 PM 11:07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                         |                |                          |               |                           |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |          |          |                                                                              |         |                        |  |                   |                     |  |                  |                                      |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |
| <b>DOCUMENT # V72273 (8)</b><br>1. Corporation Name<br><b>STARS &amp; STRIPES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                      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 |  |                   |  |  |                  |  |  |
| Principal Place of Business<br><b>297 HWY A1A<br/>APT. 516<br/>SATELLITE BEACH FL 32937</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                | Mailing Address<br><b>297 HWY A1A<br/>APT. 516<br/>SATELLITE BEACH FL 32937</b>                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                         |                |                          |               |                     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                         |         |  |  |                   |  |  |                  |  |  |
| 2. Principal Place of Business<br><b>21 1924 Hwy. A1A</b><br>Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23 Indian Harbour Beach FL</b><br>Zip Country<br><b>24 32937 25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | 2a. Mailing Address<br><b>26 1924 Hwy. A1A</b><br>Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28 Indian Harbour Beach FL</b><br>Zip Country<br><b>29 32937 30</b>                      |                                                                                                                                                                                                                                      | 3. Date Incorporated or Qualified<br><b>10/14/1992</b><br>3a. Date of Last Report<br><b>04/06/1994</b><br>4. FEI Number<br><b>593149234</b><br>Applied For<br><input type="checkbox"/> Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |      |                         |                |                          |               |                           |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |          |          |                                                                              |         |                        |  |                   |                     |  |                  |                                      |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |
| 9. Name and Address of Current Registered Agent<br><br><b>PATEL, PRADIP J.<br/>297 HWY A1A<br/>APT. 516<br/>SATELLITE BEACH FL 32937</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                                                                                                                                                                                | 10. Name and Address of New Registered Agent<br><b>81 Name Patel Pradip J.</b><br><b>82 Street Address (P.O. Box Number is Not Acceptable) 1924 Hwy A1A</b><br><b>83</b><br><b>84 City Indian Harbour Beach FL 85 Zip Code 32937</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                         |                |                          |               |                           |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |          |          |                                                                              |         |                        |  |                   |                     |  |                  |                                      |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |
| 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 _____ DATE _____<br><small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                                                                                                                                                                                |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                         |                |                          |               |                           |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |          |          |                                                                              |         |                        |  |                   |                     |  |                  |                                      |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |
| 12. OFFICERS AND DIRECTORS<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td><b>D</b></td> </tr> <tr> <td>NAME</td> <td><b>PATEL, PRADIP J.</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>297 HWY A1A, #516</b></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>SATELLITE BEACH FL</b></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table> |                                      |                                                                                                                                                                                                | TITLE                                                                                                                                                                                                                                | <b>D</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME | <b>PATEL, PRADIP J.</b> | STREET ADDRESS | <b>297 HWY A1A, #516</b> | CITY- ST- ZIP | <b>SATELLITE BEACH FL</b> | TITLE |  | NAME |  | STREET ADDRESS |  | CITY- ST- ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY- ST- ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY- ST- ZIP |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11 TITLE</td> <td><b>D</b></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12 NAME</td> <td><b>Patel Pradip J.</b></td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td><b>1924 Hwy A1A</b></td> <td></td> </tr> <tr> <td>14 CITY- ST- ZIP</td> <td><b>Indian Harbour Beach FL 32937</b></td> <td></td> </tr> <tr> <td>21 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>22 NAME</td> <td></td> <td></td> </tr> <tr> <td>23 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>24 CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>31 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>32 NAME</td> <td></td> <td></td> </tr> <tr> <td>33 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>34 CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>41 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>42 NAME</td> <td></td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>44 CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>51 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>52 NAME</td> <td></td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>54 CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>61 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>62 NAME</td> <td></td> <td></td> </tr> <tr> <td>63 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>64 CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> |  |  | 11 TITLE | <b>D</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 12 NAME | <b>Patel Pradip J.</b> |  | 13 STREET ADDRESS | <b>1924 Hwy A1A</b> |  | 14 CITY- ST- ZIP | <b>Indian Harbour Beach FL 32937</b> |  | 21 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 22 NAME |  |  | 23 STREET ADDRESS |  |  | 24 CITY- ST- ZIP |  |  | 31 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 32 NAME |  |  | 33 STREET ADDRESS |  |  | 34 CITY- ST- ZIP |  |  | 41 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 42 NAME |  |  | 43 STREET ADDRESS |  |  | 44 CITY- ST- ZIP |  |  | 51 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 52 NAME |  |  | 53 STREET ADDRESS |  |  | 54 CITY- ST- ZIP |  |  | 61 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 62 NAME |  |  | 63 STREET ADDRESS |  |  | 64 CITY- ST- ZIP |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>D</b>                             |                                                                                                                 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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>PATEL, PRADIP J.</b>              |                                                                                                                 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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>297 HWY A1A, #516</b>             |                                                                                                                 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| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SATELLITE BEACH FL</b>            |                                                                                                                 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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                                                                                 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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                                                                                 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| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                 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| 11 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>D</b>                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                    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| 12 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Patel Pradip J.</b>               |                                                                                                                 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| 13 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1924 Hwy A1A</b>                  |                                                                                                                 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| 14 CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Indian Harbour Beach FL 32937</b> |                                                                                                                 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| 21 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               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| 22 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                 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| 23 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                 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| 24 CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                 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| 31 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               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| 32 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                 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| 33 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                 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| 34 CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                 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| 41 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               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| 42 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                 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| 43 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                 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| 44 CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                 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| 51 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               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| 52 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                 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| 53 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                 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| 54 CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                 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| 61 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               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| 62 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                 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| 63 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                 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| 64 CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                 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| 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, whichever, or on an attachment with an address.                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                         |                |                          |               |                           |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |          |          |                                                                              |         |                        |  |                   |                     |  |                  |                                      |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |
| SIGNATURE:  <b>Pradip J. Patel</b> <span style="float: right;">04/11/95 407-773-3416</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                         |                |                          |               |                           |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |          |          |                                                                              |         |                        |  |                   |                     |  |                  |                                      |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |          |  |                                                                   |         |  |  |                   |  |  |                  |  |  |