

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V03731 (9)**
1. Corporation Name
MID-STAR INC.



Principal Place of Business: **P.O. BOX 9779 CORAL SPRINGS FL 33075**
Mailing Address: **P.O. BOX 9779 CORAL SPRINGS FL 33075**

3. Date Incorporated or Qualified: **12/30/1991** 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0311545		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23		28		29		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		30			
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANK, NANCY KAPPEL 11251 NW 10TH MANOR CORAL SPRINGS FL 33071				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 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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, LAWRENCE P	2. 2 NAME	
STREET ADDRESS	11251 NW 10 MANOR	3. 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 6 NAME	
STREET ADDRESS		7. 7 STREET ADDRESS	
CITY-ST-ZIP		8. 8 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. 9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. 10 NAME	
STREET ADDRESS		11. 11 STREET ADDRESS	
CITY-ST-ZIP		12. 12 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. 13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. 14 NAME	
STREET ADDRESS		15. 15 STREET ADDRESS	
CITY-ST-ZIP		16. 16 CITY-ST-ZIP	

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence P. Frank* DATE: *4/21/96* DAYTIME PHONE: *305 344 9240*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)