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FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 287776 (9)
1. Corporation Name
STARLITE CONSTRUCTION CORPORATION



Principal Place of Business: 3544 SANREMO TERR. SARASOTA FL 34239
Mailing Address: P. O. BOX 2547 SARASOTA FL 34230-2547 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 12/14/1964
3a. Date of Last Report: 04/15/1996
4. FEI Number: 59-1086782
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: KEITEL, MARIANNE S. 3544 SAN REMO TERRACE SARASOTA, FL FL 34239

10. Name and Address of New Registered Agent (81-85) fields.

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: [Signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEITEL, MARIANNE S.	
STREET ADDRESS	8220 RESTFUL LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SWITZER, DANIEL M	
STREET ADDRESS	3544 SAN REMO TERR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SWITZER, MARY P	
STREET ADDRESS	3544 SAN REMO TERR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KEITEL, MARIANNE S.	
STREET ADDRESS	8220 RESTFUL LANE	
CITY - ST - ZIP	SARASOTA FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3544 SAN REMO TERR.
1.4 CITY - ST - ZIP	SARASOTA, FL. 34239
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3544 SAN REMO TERR.
4.4 CITY - ST - ZIP	SARASOTA, FL. 34239
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	

14. I do hereby certify that the information supplied with this filing 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/13/97 941-935-7076
Date Daytime Phone #

CR2E034 (9/96)