

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 # F95000005157 (1)

1. Corporation Name
STARMAX DEVELOPERS, INC.



Principal Place of Business
**C/O MAXINE MITCHELL
1790 WHITE CAP CIRCLE
N. FORT MYERS FL 33903**

Mailing Address
**C/O MAXINE MITCHELL
1790 WHITE CAP CIRCLE
N. FORT MYERS FL 33903**

3. Date Incorporated or Qualified
10/23/1995

3a. Date of Last Report

4. FEI Number
APPLIED FOR 31-1447355

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director (Not applicable)

(Not applicable) Registered Agent Signature (Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCT	<input type="checkbox"/> DELETE
NAME	MITCHELL, MAXINE	
STREET ADDRESS	1790 WHITE CAP CIRCLE	
CITY - ST - ZIP	N. FORT MYERS FL 33903	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WHEELER, ESTHER	
STREET ADDRESS	2645 W. CHOCTAW DR., N.W.	
CITY - ST - ZIP	LONDON OH 43140	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHEELER, LARRY L	
STREET ADDRESS	2645 W. CHOCTAW DR., N.W.	
CITY - ST - ZIP	LONDON OH 43140	
TITLE	VVC	<input type="checkbox"/> DELETE
NAME	MITCHELL, DON G SR	
STREET ADDRESS	1660 U.S. RTE. 42 N.E.	
CITY - ST - ZIP	LONDON OH 43140	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
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	

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: *Sandra B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-96
Date

614-879-6620
Telephone Number

CR2E034 (12/95)