

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F96000006634 (7)
 1. Corporation Name
TRI-STARR MANAGEMENT SERVICES, INC.



Principal Place of Business 8200 IH 10 WEST, #920 SAN ANTONIO TX 78230-3878	Mailing Address 8200 IH 10 WEST, #920 SAN ANTONIO TX 78230-3878
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 720 South 8th St. Suite, Apt. #, etc. 22 City & State 23 Fernandina Beach FL Zip Country 24 32034 25 USA		2a. Mailing Address 26 720 South 8th St. Suite, Apt. #, etc. 27 City & State 28 Fernandina Beach FL Zip Country 29 32034 30 USA		3. Date Incorporated or Qualified 12/18/1996		4. FEI Number 74-2616688		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						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 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	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAWKINS, WAYNE T			1.2 NAME			
STREET ADDRESS	8200 IH 10 WEST, #920			1.3 STREET ADDRESS	720 South 8th St.		
CITY-ST-ZIP	SAN ANTONIO TX 78230-3878			1.4 CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOMME, JOHN J			2.2 NAME			
STREET ADDRESS	8200 IH 10 WEST, #920			2.3 STREET ADDRESS	720 South 8th St.		
CITY-ST-ZIP	SAN ANTONIO TX 78230-3878			2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAWKINS, KANDACE			3.2 NAME			
STREET ADDRESS	8200 IH 10 WEST, #920			3.3 STREET ADDRESS	720 South 8th St.		
CITY-ST-ZIP	SAN ANTONIO TX 78230-3878			3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, KAREN A			4.2 NAME			
STREET ADDRESS	8200 IH 10 WEST, #920			4.3 STREET ADDRESS	720 South 8th St.		
CITY-ST-ZIP	SAN ANTONIO TX 78230-3878			4.4 CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: *Karen A. Jones* (Karen A. Jones) 4/19/98 904/321-0507

CR2E034 (10/97)