

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90119 009 ***150.00

03/16/99

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F98000003922

1. Corporation Name
DAYSTAR INVESTMENTS, INC.

| | |
|---|---|
| Principal Place of Business 799 E. BIRCHWOOD CIRCLE KISSIMMEE FL 34743 | Mailing Address 799 E. BIRCHWOOD CIRCLE KISSIMMEE FL 34743 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 07/10/1998 |
| 21 | 26 | 4. FEI Number 59-3501116 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Applied For <input type="checkbox"/> Not Applicable |
| 22 | 27 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 23 | 28 | 8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Zip Country | Zip Country | |
| 24 | 29 | 30 |

9. Name and Address of Current Registered Agent

**WALKER, DOVA
 799 E. BIRCHWOOD CIRCLE
 KISSIMMEE FL 34743**

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 _____
 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 | PCST | <input type="checkbox"/> DELETE |
| NAME | WALKER, DOVA | |
| STREET ADDRESS | 799 E. BIRCHWOOD CIRCLE | |
| CITY-ST-ZIP | KISSIMMEE FL 34743 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 '2

| | |
|--------------------|---|
| 1:1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1:2 NAME | |
| 1:3 STREET ADDRESS | |
| 1:4 CITY-ST-ZIP | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4:2 NAME | |
| 4:3 STREET ADDRESS | |
| 4:4 CITY-ST-ZIP | |
| 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 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, with all other like empowered.

SIGNATURE: Dova Walker Date: 3/13/99 Daytime Phone #: 407 344-1580

CR2E034 (1/98)