

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

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** K32325 (8)  
 1. Corporation Name  
**LOANSTAR PROPERTIES, INC.**

Principal Place of Business 1201 W. EMMETT ST KISSIMMEE, FL 34741	Mailing Address 1201 W. EMMETT ST. KISSIMMEE, FL 34741
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3. Date Incorporated or Qualified 09/02/1988		3a. Date of Last Report 09/30/1996	
2. Principal Place of Business 21 443 W. Vine Street Suite, Apt. #, etc.	2a. Mailing Address 26 717 E. Oak Street Suite, Apt. #, etc.	4. FEI Number 59-2912667	Applied For Not Applicable
22 City & State 23 Kissimmee, FL 34741 Zip 34741	27 City & State 28 Kissimmee, FL Zip 34744	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 34741	29 34744	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PEARLMAN AND FABER, P.A.**  
 799 BRICKELL PLAZA  
 SUITE 900  
 MIAMI, FL 33131

10. Name and Address of New Registered Agent  
 81 Name **SMITH, NORMAN J.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 W. EMMETT STREET**  
 83  
 84 City **KISSIMMEE** FL 85 Zip Code **34741**

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, if 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: *Norman J. Smith* DATE: **4/29/97**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	MORE, JOSEF	
STREET ADDRESS	1201 W. EMMETT STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CEDRATI, DENA	
STREET ADDRESS	901 BRICKELL PLAZA, SUITE 900	
CITY-ST-ZIP	MIAMI, FL 33131	
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 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	443 W. VINE STREET
14 CITY-ST-ZIP	KISSIMMEE, FL 34744
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	000002163090
64 CITY-ST-ZIP	-05/02/97--01044--048
	***165.00

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 disclosed on this annual report, supplemental annual reports, 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 in an attachment with an address.

SIGNATURE: *Josef More* **Josef More**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: Daytime Phone: #

CR2E034 (9/96)