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**Apr 22 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 # **K74909** (8)  
1. Corporation Name  
**STAR DEVELOPMENT GROUP, INC.**



Principal Place of Business: **ABBEY KAPLAN, 201 S BISCAYNE BLVD., 1970 MIAMI CENTER, MIAMI FL 33131**

Mailing Address: **ABBEY KAPLAN, 201 S BISCAYNE BLVD., 1970 MIAMI CENTER, MIAMI FL 33131-4302**

3. Date Incorporated or Qualified: **03/23/1989**      3a. Date of Last Report: **08/14/1996**

4. FEI Number: **65-0560514**      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**      2a. Mailing Address: **26**

22. Suite, Apt. #, etc.: **27**

23. City & State: **28**

24. Zip: **25**      Country: **29**      Zip: **30**      Country: **30**

9. Name and Address of Current Registered Agent

**KAPLAN, ABBEY  
1970 MIAMI CENTER  
201 S. BISCAYNE BLVD.  
MIAMI FL 33131-2608**

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

TITLE: **D**       DELETE

NAME: **FAIRMAN, NEIL**

STREET ADDRESS: **2100 N. OCEAN BLVD.**

CITY-ST-ZIP: **FT. LAUDERDALE FL**

TITLE:  DELETE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE:  DELETE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE:  DELETE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE:  DELETE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE:  Change  Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE:  Change  Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE:  Change  Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE:  Change  Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE:  Change  Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE:  Change  Addition

62. NAME

63. STREET ADDRESS

64. 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, changed, or on an attachment with an address.

SIGNATURE: **X**  **Neil Fairman Pres. 4/15/97 954-630-8880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: **4/15/97**      Daytime Phone # **954-630-8880**

CR2E034 (9/96)