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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004281 (1)

1. Corporation Name

DAYSTAR LIFE CENTER, INC.



Principal Place of Business

Mailing Address

226 6TH ST S  
ST PETERSBURG FL 33701

226 6TH ST S  
ST PETERSBURG FL 33701-4116

3. Date Incorporated or Qualified  
08/29/1994

3a. Date of Last Report  
01/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0523539

Applied For  
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTHLE, RUTH  
226 6TH ST S  
ST PETERSBURG FL 33701

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRATTAN, WILLIAM	
STREET ADDRESS	1200 FRIENDLY WAY S	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VENEZIA, MARY	
STREET ADDRESS	1235 CORDOVA BLVD NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCMANUS, RICHARD	
STREET ADDRESS	6132 LEELAND ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOEN, WILLIAM	
STREET ADDRESS	7642 17TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, KAREN	
STREET ADDRESS	1200 7TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMPEL, RAYMOND	
STREET ADDRESS	12205 GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard McManus* R.B. MCMANUS TREAS.

1-9-97 813-866-1571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049775

CR2E037 (9/96)