

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mprtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004281 (1)
1. Corporation Name
DAYSTAR LIFE CENTER, INC.



Principal Place of Business 226 6TH ST S ST PETERSBURG FL 33701	Mailing Address 226 6TH ST S ST PETERSBURG FL 33701
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3. Date Incorporated or Qualified 08/29/1994	
4. FEI Number 65-0523539	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**BARTHLE, RUTH
226 6TH ST S
ST PETERSBURG FL 33701**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRATTAN, WILLIAM	<i>N.A.</i>
STREET ADDRESS	1900 FRIENDLY WAYS	<i>P.O. Box 2206</i>
CITY-ST-ZIP	ST PETERSBURG FL 33705	<i>CASHIERS, NC 28717</i>
TITLE	D	<input type="checkbox"/> DELETE
NAME	VENEZIA, MARY	
STREET ADDRESS	1235 CORDOVA BLVD NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	P.D.	<input type="checkbox"/> DELETE
NAME	MCMANUS, RICHARD	
STREET ADDRESS	6132 LEELAND ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHOEN, WILLIAM	
STREET ADDRESS	7642 17TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	XXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXX	
CITY-ST-ZIP	XXXXXXXXXX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMPEL, RAYMOND	
STREET ADDRESS	12205 GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL 33708	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEEDON BASIL	
1.3 STREET ADDRESS	128 SANDS POINT DRIVE	
1.4 CITY-ST-ZIP	TIERRA VERDE FL 33715	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARREN ROBERT	
2.3 STREET ADDRESS	6000 SHORE BLVD APT 800	
2.4 CITY-ST-ZIP	GULFPORT FL 33707	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERNS GLEN	
3.3 STREET ADDRESS	3611 CASABLANCA AVE.	
3.4 CITY-ST-ZIP	ST PETE BEACH 33706	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KORTH KEVIN	
4.3 STREET ADDRESS	340 62ND AVENUE NE	
4.4 CITY-ST-ZIP	ST. PETERSBURG 33705	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WEIR JOHN C/O ABBEY PRINTING	
5.3 STREET ADDRESS	6640 GULF BLVD.	
5.4 CITY-ST-ZIP	ST. PETE BEACH FL 33706	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	O'HALLORAN WILLIAM	
6.3 STREET ADDRESS	5817-B LYNN LAKE DRIVE	
6.4 CITY-ST-ZIP	ST. PETERSBURG FL 33712	

14. I hereby certify that the information applied 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: *Basil Weedon* **BASIL J. WEEDON** 2-19-98 813-867-7188

CR2E037 (10/97)