

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

FILED
May 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
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DOCUMENT # P96000001680 (3)

1. Corporation Name
STAR INVESTMENTS, INC.



Principal Place of Business 700 TYRONE BLVD. ST. PETERSBURG FL 33710	Mailing Address 700 TYRONE BLVD. ST. PETERSBURG FL 33710-7127
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3. Date Incorporated or Qualified 01/05/1996	3a. Date of Last Report
4. FEI Number 59-3353646	Applied For <input 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**PATEL, SANDIP I
 18167 U.S. HIGHWAY 19 NORTH, SUITE 150
 CLEARWATER FL 34624**

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 <input type="checkbox"/> DELETE
NAME	SHAH, SAMIR
STREET ADDRESS	700 TYRONE BLVD.
CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	D <input type="checkbox"/> DELETE
NAME	SHAH, SHILPA
STREET ADDRESS	700 TYRONE BLVD.
CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	D <input type="checkbox"/> DELETE
NAME	PATEL, KIRIT
STREET ADDRESS	700 TYRONE BLVD.
CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	D <input type="checkbox"/> DELETE
NAME	PATEL, RAJU
STREET ADDRESS	700 TYRONE BLVD.
CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	D <input type="checkbox"/> DELETE
NAME	PATEL, VIJAY
STREET ADDRESS	700 TYRONE BLVD.
CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	D <input type="checkbox"/> DELETE
NAME	PATEL, RAMILA
STREET ADDRESS	700 TYRONE BLVD.
CITY-ST-ZIP	ST. PETERSBURG FL 33710

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE: **D. PATEL** *(Signature)* **4/26/97** **(613) 364-5459**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)