

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

**FILED**

**Feb 18 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000024716 (7)**  
1. Corporation Name  
**DAYSTAR HOMES, INC.**



Principal Place of Business <b>625 NORTH OCEAN BLVD. #723 POMPANO BEACH FL 33062</b>	Mailing Address <b>625 NORTH OCEAN BLVD. #723 POMPANO BEACH FL 33062</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6278 N FED HWY</b> Suite, Apt. #, etc. 22 <b>SUITE 211</b> City & State 23 <b>FT LAUDERDALE FL</b> Zip 24 <b>33308</b>		2a. Mailing Address 26 <b>6278 N FED HWY</b> Suite, Apt. #, etc. 27 <b>SUITE 211</b> City & State 28 <b>FT LAUDERDALE FL</b> Zip 29 <b>33308</b>		3. Date Incorporated or Qualified <b>03/14/1997</b>	
25 Country		30 Country		4. FEI Number <b>65-074-0450</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
25 Country		30 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		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	

9. Name and Address of Current Registered Agent <b>MIGLIORE, SANDRA 525 NORTH OCEAN BLVD. #723 POMPANO BEACH FL 33062</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>361 SE 12TH ST.</b>	
83				84 City <b>POMPANO BEACH FL</b>	
85 Zip Code <b>33060</b>					

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MIGLIORE, SAL 525 NORTH OCEAN BLVD. #723 POMPANO BEACH FL 33062</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD MIGLIORE, SAL 361 SE 12TH STREET POMPANO BEACH, FL 33060</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MIGLIORE, SANDRA 525 NORTH OCEAN BLVD. #723 POMPANO BEACH FL 33062</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VD MIGLIORE SANDRA 361 SE 12TH ST. POMPANO BEACH FL 33060</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: **SAL MIGLIORE Pres.** *Sal Migliore Pres. 2/13/98*

CR2E034 (10/97)