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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 276640

(0)

FILED Jan 27 1997 8:00am Secretary of State

1. Corporation Name STARBRIGHT INVESTMENTS INC Principal Place of Business 1631 UNIVERSITY BLVD, WEST JACKSONVILLE FL 32217 Mailing Address 1631 UNIVERSITY BLVD, WEST JACKSONVILLE FL 32217									
					3. Date Incorporated or Qualified 12/18/1963		Date of Last R		
	lace of Business	2a. Mailing Address			4. FEI Number		+	plied For	
Suite Apt	the rates	Suite, Apt. #, etc.			59-1088242		\$8.75 /	t Applicable	
22	r, trit.	27			5. Certificate of Status Desired		90.73 / Fee Re		
City & State)	City & State	······································		6. Election Campaign Financing		\$5.00	`	
23		28			Trust Fund Contribution		Added t		
Zip	Country	Zip	Cour	ntry	B. This corporation has liability fo			199.032,	
24	25	29	30			Yes			
	9. Name and Address of Cu	urrent Registered Agent		B1 Name	10. Name and Address of New F	1egistered	Agent	····	
	MSTRONG, WILLIAM R 31 UNIVERSITY BLVD W		L						
	CKSONVILLE FL 32217		İ	82 Street A	Address (P.O. Box Number is Not Accepta	able)			
WIN	ONOOHHILLE I L OLLII			63	the same of the sa		***************************************		
			ļ						
				84 City		FL	85 Zip (Code	
office or re	egistered agent or both, in the S	7.0502 and 607.1508, Florida St State of Florida, Such change w	atutes, the ab as authorized	ove-named of by the corporation	corporation submits this statement for the oration's board of directors. I hereby acc	purpose of the ap	pointment as	registered	
SIGNATURE	Big alon, typed our discussion of her ste-	ed agent and title Tapp cable	r 101E; Registered		corporation submits this statement for the oration's board of directors. I hereby acc required when reinstating:	DATE			
SIGNATURE	Big alice, typed in practical resolves steel OF HCERS	erd agent and title it approable SIAND DIRECTORS	ार्कार, Aegistered 13.	Agent signature r		DATE	ID DIRECTOR	\$ IN 12	
SIGNATURE 12. TILE	Poyation, ignorful person afteroble; slice OFFICERS PSTD	ed agen and 9% Lappicable S AND DIRECTORS	POTE: Registered	Agent signature r	required when reinstating)	DATE			
SIGNATURE 12. THEF NAME	Big alice, typed in practical resolves steel OF HCERS	ed agent and 9% Largonable S AND DIRECTORS DELETE	TIOTE: Registered 13. 11 TIT 1.2 NA	Agent signature r	required when reinstating)	DATE	ID DIRECTOR	\$ IN 12	
SIGNATURE 12. TILE NAME SIREET ACCRESS	Poyation, report of provide area of the siles OFFICERS PSTD ARMSTRONG, WILLIAM I	ed agent and 9% Lapposable S AND DIRECTORS DELETE R W.	13. 11 TT 1.2 NAI 1.3 STI	Agent signature of	required when reinstating)	DATE	ID DIRECTOR	\$ IN 12	
SIGNATURE 12. TILE NAME SIREET ACCRESS City: \$1,716	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	ed agent and 9% Lapposable S AND DIRECTORS DELETE R W.	13. 11 TT 1.2 NAI 1.3 STI	Agent signature r LE ME REET ADDRESS Y-SI-ZIP	required when reinstating)	DATE	ID DIRECTOR	\$ IN 12	
SIGNATURE 12. 101.5 NAME SIREET ALDRESS CRITY-ST-ZIF TITLE	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	ed agent and 9% Taggo cable S AND DIRECTORS DELETE R W. 30	13. 11 TIT 1.2 NAI 1.3 STI 1.4 CIT	Agent signature of the	required when reinstating)	DATE	ID DIRECTOR	S IN 12	
SIGNATURE 12. TILE NAME SIREET ADDRESS ONLY-ST-ZIF TILE	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	ed agent and 9% Taggo cable S AND DIRECTORS DELETE R W. 30	13. 11 TIT 1.2 NAI 1.3 STE 1.4 CIT 2.1 TIT 2.2 NAI	Agent signature of the	required when reinstating)	DATE	ID DIRECTOR	S IN 12	
SIGNATURE 12. TILES NAME SIREET AUDRESS CITY: ST. ZIF TITLE NAME SUREET AUDRESS CITY: ST. ZIP CITY: ST. ZIP	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	R W. DELETE	13. 11 117 12 NA 1.3 STI 1.4 CIT 2.1 TII 2.2 NA 2.3 STI	Agent signature r LE ME SEET ADDRESS Y-SI-ZIP LE ME	required when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TILES NAME STREET ACCRESS CITY ST ZIE TITLE NAME STREET ACCRESS CITY ST ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	ed agent and 9% Taggo cable S AND DIRECTORS DELETE R W. 30	13. 11 TIT 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CT 3.1 TIT 3.1 TIT 4.1 TIT 4.1 TIT 4.1 TIT 4.1 TIT 5.1 TIT 6.1 TIT 7.1 TIT	Agent signature of the	required when reinstating)	DATE	ID DIRECTOR	S IN 12	
SIGNATURE 12. TILES NAME SIREET ACORESS CITY: ST. ZIE TITLE NAME SCHEET ACORESS CITY: ST. ZIE TITLE NAME NAME NAME	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	R W. DELETE	13. 11 117 12 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CC 3.1 TIT 3.2 NA	Agent signature of LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS (Y-S1-ZIP) LE ME ME ME ME ME ME ME ME ME	required when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TILE NAME SIREET ACORESS CITY: ST. ZIE TITLE NAME STREET ACORESS CITY: ST. ZIP TITLE NAME STREET ACORESS NAME STREET ACORESS	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	R W. DELETE	13. 11 117 12 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.3 STI	Agent signature of LE ME REET ADDRESS Y-S1-ZIP LE ME LE ME LE ME ME LE ME ME	required when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TILE NAME SIREET ACORESS CITY: ST-ZIE TITLE NAME SIREET ACORESS CITY: ST-ZIP TITE NAME SIREET ACORESS CITY: ST-ZIP CITY: ST-ZIP CITY: ST-ZIP CITY: ST-ZIP CITY: ST-ZIP	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	S AND DIRECTORS DELETE R W. DO DELETE	13. 11 117 12 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CC 3.1 TIT 3.2 NA 3.3 STI 3.4 CC 3.4 CC	Agent signature of LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	required when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TILE NAME SIREET ACORESS CITY: ST. ZIE TITLE NAME SIREET ACORESS CITY: ST. ZIP TITRE NAME SIREET ACORESS CITY: ST. ZIP TITLE	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	R W. DELETE	13. 11 117 12 NA 13 STI 14 CIT 22 NAI 23 STI 24 CIT 31 TIT 32 NA 33 STI 34 CIT 41 TIT	Agent signature of LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	required when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TILE NAME SIREET ACCRESS CITY: ST-ZIF TITLE NAME SUBERT ACCRESS CITY: ST-ZIP TITLE NAME SIREET ACCRESS CITY: ST-ZIP TITLE NAME NAME	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	S AND DIRECTORS DELETE R W. DO DELETE	13. 11 117 1.2 NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 3.2 NAI 3.3 STI 3.4 CIT 4.1 TIT 4.2 NAI 4.2	Agent signature of LE ME REET ADDRESS Y-S1-ZiP LE ME REET ADDRESS IY-ST-ZiP LE ME REET ADDRESS IY-ST-ZiP LE ME ME ME ME ME ME ME ME ME	required when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TIBLE NAME SIREET ACCRESS CREY-ST-ZIF TIBLE NAME SUREET ACCRESS CREY-ST-ZIP TIBLE NAME SIREET ACCRESS CREY-ST-ZIP TIBLE NAME SIREET ACCRESS CREY-ST-ZIP TIBLE NAME STREET ACCRESS	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	S AND DIRECTORS DELETE R W. DO DELETE	13. 11 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 3.2 NAI 3.3 STI 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STI 4.3 NAI 4.3	Agent signature of LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	required when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TILE NAME SIREET ACCRESS CITY-ST-ZIE TITLE NAME SIREET ATCRESS CITY-ST-ZIP TITLE NAME SIREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	S AND DIRECTORS DELETE R W. DO DELETE	13. 11 117 12 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CT 3.1 TIT 3.2 NA 3.3 STI 3.4 CT 4.1 TIT 4.2 NA 4.3 STI 4.2 NA	Agent signature of LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-S1-ZIP LE ME REET ADDRESS IY-S1-ZIP LE ME REET ADDRESS IY-S1-ZIP	required when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	S AND DIRECTORS DELETE R W. DO DELETE	13. 11 117 12 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CT 3.1 TIT 3.2 NA 3.3 STI 3.4 CT 4.1 TIT 4.2 NA 4.3 STI 4.2 NA	Agent signature of LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-SI-ZIP LE ME REET ADDRESS IY-SI-ZIP LE	required when reinstating)	DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition	
SIGNATURE 12. TILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	S AND DIRECTORS DELETE R W. DO DELETE	2001E. Registered 13. 11 Til 12 NA 1.9 STE 14 CIT 22 TIL 22 NA 23 STE 34 CIT 34 CIT 4.1 TIL 4.2 NA 4.3 STE 4.4 CIT 5.1 TIL 5.2 NA	Agent signature of LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-SI-ZIP LE ME REET ADDRESS IY-SI-ZIP LE	required when reinstating)	DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition	
SIGNATURE 12. TILE NAME SIREET ADDRESS CITY-ST-7/P TITE NAME SIREET ADDRESS	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	S AND DIRECTORS DELETE R W. DO DELETE	2001E. Registered 13. 11 117 12 NA 1.9 STE 14 CIT 22 TITE 22 NA 23 STE 34 CIT 34 CIT 4.1 TIT 4.2 NA 4.3 STE 4.4 CIT 5.1 TIT 5.2 NA 5.3 STE	Agent signature of LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS IY-SI-ZIP LE ME REET ADDRESS IY-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME ME REET ADDRESS Y-SI-ZIP LE	required when reinstating)	DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition	
SIGNATURE 12. TILE NAME SIREET ACCRESS CITY: ST-ZIF TITLE NAME SUBERT ACCRESS CITY: ST-ZIP TITLE NAME SIREET ACCRESS CITY: ST-ZIP TITLE NAME NAME	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	S AND DIRECTORS DELETE R W. DO DELETE	13. 11 117 12 NA 13 STI 14 CIT 22 TIT 22 NA 23 STI 24 CIT 31 TIT 32 NA 33 STI 34 CIT 41 TIT 42 NA 43 STI 43 STI 51 TIT 52 NA 53 STI 54 CIT 51 TIT 52 NA	Agent signature of LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS IY-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP	required when reinstating)	DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition	
SIGNATURE 12. TILE NAME SIREE ALDRESS CITY-ST-ZIF TITLE NAME SIREELATORESS CITY-ST-ZIP TITLE NAME SIREELADORESS CITY-ST-ZIP	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	S AND DIRECTORS DELETE R W. DO DELETE DELETE	2001E. Registered 13. 11 TIT 1.2 NAI 1.3 STE 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STE 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STE 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STE 5.4 CIT	Agent signature of LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS IY-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE	required when reinstating)	DATE	D DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition	
SIGNATURE 12. TILE NAME SIREET ACCHESS CITY-ST-ZIP TITLE NAME STREET ACCHESS CITY-ST-ZIP TITLE NAME	PSTD ARMSTRONG, WILLIAM I 1813 UNIVERSITY BLVD.	S AND DIRECTORS DELETE R W. DO DELETE DELETE	210TE: Registered 13. 11 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 6.4 TIT 6.2 NA	Agent signature of LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS IY-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE	required when reinstating)	DATE	D DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition	

14. To hereby certify that the information supplied with this tring 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 attachmonthy in an address.

SIGNATURE

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROS DE

William R.

1-1757

737 17 48

0048704