


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

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May 01 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 # 593748 (7)
1. Corporation Name
FIVE STAR HOMES, INC.



Principal Place of Business LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	Mailing Address LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-5417
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/17/1978	3a. Date of Last Report 04/16/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1882504	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

LANGLEY, MARCIA H
LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133

81 Name JOEL K. GOLDMAN	85 Zip Code 33133
82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive	
83 Apt. Floor 9th Floor	
84 City Miami	

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: *Joel K. Goldman* 4/11/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	VIS/D
NAME	JEFFREY, THOMAS W.	1.2 NAME	GOLDMAN, JOEL K.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	1.3 STREET ADDRESS	2601 S. Bayshore Dr
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33133
TITLE	VSD	2.1 TITLE	V/A/S
NAME	LANGLEY, MARCIA H.	2.2 NAME	LANGLEY, MARCIA H.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	2.3 STREET ADDRESS	2601 S. Bayshore Dr
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	Miami FL 33133
TITLE	VT	3.1 TITLE	V/D/C/A/S
NAME	FISCHER, JOHN H.	3.2 NAME	CARLETON, CALLIS N.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	3.3 STREET ADDRESS	2601 S. Bayshore Dr.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33133
TITLE	VAS	4.1 TITLE	
NAME	GOLDMAN, JOEL K.	4.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	CARLETON, CALLIS N.	5.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	GILLETTE, J THOMAS	6.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: *Joel K. Goldman* 4/11/97 305-259-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)