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 # J44340

(4)

FIVE STAR ASSOCIATES, INC.

FILED						
Mar 19 1997 8:00am						
Secretary of State						



Principal Place of Business 13330 W COLONIAL DR STE 130 WINTER GARDEN FL 32787 US		Mailing Address P.O. BOX 1523 WINDERMERE FL 34786-1523 US		3. Date Incorporated or Qualified 3a. Date of Last Report 07/12/1996	
State Apt	# etc 2. # 4	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & Stal	iter Garden FL	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
347	184 25 USA	7(p 29	Country 30		Yes X No
	9. Name and Address of Curren	it Registered Agent	04	10. Name and Address of New Re	egistered Agent
133	', MELANIE 30 W COLONIAL DR		81 Name 8	Dy , MIEIGNIE	(Same)
	130		516	o S. Dillard	
WIN	ITER GARDEN FL 32878		83 Su	He#4	
re			84 City	inter Garden	FL 85 Zip Code 34787
1. Parstant office on	to the provisions of Sections 607.050 registered about or both in the State)2 and 607.1508, Florida Stat ant Florida, Such change was	utes, the above named co s authorized by the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered.
agent L	and familiar with land accept the oblig	ations of, Section 607,0505, I	Florida Statutes.	A .	printi appointment de regionales
IGNATURE	Milouy Eur	r Melan		President 3	112197
			OTE Exigistered Agent signature re-		DATE CEDS AND PUREOTORS IN 40
2. I(E	I. PVD	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CEHS AND DIRECTORS IN 12. Change Addition
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M)	23098 FREDDIE FRANK ROAD		2.2 NAME		
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and or her may carry that the link amount report or sopplemental amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Larn on other 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

MULLULULUS NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 4076568700