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FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J79430

(1)

1. Corporation Name
STAR TOURS CO.

Principal Place of Business

6239 EDGEWATER DR.
SUITE V-3
ORLANDO FL 32810

Mailing Address

6239 EDGEWATER DR.
SUITE V-3
ORLANDO FL 32810-4747



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/12/1987

3a. Date of Last Report

03/11/1996

4. FEI Number

58-1806899

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

RUSSEL, CAINE A
6239 EDGEWATER DR.
ORLANDO FL 32810

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 607.1505, 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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DM CAINE, A R
1509 RED OAK CT.
APOPKA FL

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

P CAINE, LOIS K
1509 RED OAK CT.
APOPKA FL 32703

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D CAINE, JONATHAN M.
180 RESERVE CIRCLE #204
OVEIDO FL

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

~~D CAINE, ANTHONY R III
1509 RED OAK CT.
APOPKA, FL 32703~~

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D GREIFFENDORF, CLEON W

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP

D CAINE, ANTHONY R
1509 RED OAK CT
APOPKA FL 32703

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP

D GREIFFENDORF, CLEON W
13 SLEEPY HOLLOW COVE
LONGWOOD FL 32760

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP

D WELKER, RICHARD P
200 S EAGLES REST DR
APOPKA FL 32712

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/96

Date

407-290-5159

Daytime Phone #

CR2E034 (9/96)