

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1806899	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
85 Zip Code		FL	

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	DM CAINE, A R	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1509 RED OAK CT.	1.2 NAME	
STREET ADDRESS	APOPKA FL	1.3 STREET ADDRESS	4 OCEANS W. BLVD., 201-C
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DAYTONA BCH. SH., FL 32118
TITLE	D CAINE, LOIS K	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1509 RED OAK CT.	2.2 NAME	
STREET ADDRESS	APOPKA FL 32703	2.3 STREET ADDRESS	4 OCEANS W. BLVD., 201-C
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAYTONA BCH. SH., FL 32118
TITLE	D CAINE, JONATHAN M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	180 RESERVE CIRCLE #204	3.2 NAME	
STREET ADDRESS	OVEIDO FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GREIFFENDORF, CLEON W	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13 SLEEPY HOLLOW COVE	4.2 NAME	
STREET ADDRESS	LONGWOOD FL 32750	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WELKER, RICHARD P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2005 EAGLES REST DR	5.2 NAME	
STREET ADDRESS	APOPKA FL 32712	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D ZAITOUNEH, COLLEEN L.
STREET ADDRESS		6.3 STREET ADDRESS	1150 W. LARK DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CHANDLER, AZ 85248

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.

CR2E034 (10/97)