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May 02 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 # **K56502** (3)
1. Corporation Name
FIVE STAR, II, INC.



Principal Place of Business: % GEORGE MASTROGIOVANNI RT 5 BOX 538 CALLAHAN FL 32011
Mailing Address: % GEORGE MASTROGIOVANNI RT 5 BOX 538 CALLAHAN FL 32011-8321

3. Date Incorporated or Qualified: **01/03/1989**
3a. Date of Last Report: **04/17/1996**
4. FEI Number: **59-2924893**
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

2. Principal Place of Business
2a. Mailing Address: **4985 ARTESIAN BLVD.**
22. Suite, Apt. #, etc.
23. City & State: **CALLAHAN, FL**
24. Zip: **32011**
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip: **32011**
29. Country

9. Name and Address of Current Registered Agent
**MASTROGIOVANNI, GEORGE
RT 5 BOX 538
CALLAHAN FL 32011**

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, 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 provisions of Section 607.0505, Florida Statutes.
SIGNATURE: *George Mastrogiovanni* DATE: **4/17/97**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MASTROGIOVANNI, GEORGE
STREET ADDRESS	RT. 5 BOX 538 CALLAHAN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MASTROGIOVANNI, VALERIE
STREET ADDRESS	RT. 5 BOX 538 CALLAHAN FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4985 ARTESIAN BLVD CALLAHAN FL 32011
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4995 ARTESIAN BLVD CALLAHAN FL 32011
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *George Mastrogiovanni* DATE: **4/17/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)