FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1997		G FEE AFTE	AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division of Corporations		FILED May 09 1997 8:00a Secretary of State		
	MENT # K82 STAR INTERNATION	2 363 Al, INC,	(8)				
5 John W. K 0 S. Spring Ensacola F	STREET	2349	iling Address 94 Coyote Spgs. Dr 10ND BAR CA 91765-				
\$					3. Date Incorporated or Qualified 04/21/1989	04/29/1996	,
Sulte, Apt	Place of Business	26	Mailing Address Suite, Apt. #, etc.	·····	4. FEI Number 59-2945642	No.	optied For of Applicable
2 City & State		27	City & State		 Certificate of Status Desired Election Campaign Financing 	LJ Fee Re	equired May Bo
] Zip	Country	28	Zip	Oountry	Trust Fund Contribution 8. This corporation has liability for	DebbA D	to Fees
]	25 9. Name and Address	29 of Current Registe	ered Agent	30	Florida Statutes 10. Name and Address of New I	Yes No	
				84 City		FL 85 Zip	Code
office or agent. Li	registered agent, or both, i am familiar with, and accep	n the State of Floridi I the obligations of,	a. Such change was Section 607.0505, FI	es, the above-named c authorized by the corpo orida Statutos.	orporation submits this statement for the ration's board of directors. I hereby acc	Purpose of changing in ept the appointment as	ts registered
office or agent. I i IGNATURE	registered agent, or bolh, i am familiar with, and accep Signature, typed or printed name of OFF	n the State of Floridi I the obligations of,	a. Such change was Section 607.0505, Fl applicable. (NOT TORS	es, the above-named c authorized by the corpo	ration's board of directors. I hereby acc noured when reinstating) ADDITIONS/CHANGES TO OFF	Durpose of changing in pept the appointment as DATE FICERS AND DIRECTOF	ts registered registered RS IN 12
office or BOONT I IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE	Bignature, typed or printed name of OFF D HO, ALAN 23494 COYOTE SPG	n the State of Florid, I the obligations of, registered agent and tillo if ICERS AND DIREC	a. Such change was Section 607.0505, FI applicable. (NOT	es, the above-named c authorized by the corpo orida Statutos. 1: Registered Agent signature r 13. 1.1 III.E	ration's board of directors. I hereby acc revired when reinslating) ADDITIONS/CHANGES TO OFF Secyetavi	DATE	ts registered registered
office or agont. 1 GNATURE LE ME REET ADDRESS IY-ST-ZIP LE ME	registered agent, or both, i am familiar with, and accep Bignature, typed or primed name of OFF D, ALAN 23494 COYOTE SPG: DIAMOND BAR CA D HO, PONY 23494 COYOTE SPG: 23494 COYOTE SPG:	n the State of Florid, t the obligations of, represent agent and the in ICE RS AND DIREC S. DR.	a. Such change was Section 607.0505, Fl applicable. (NOT TORS	es, the above-named c authorized by the corpo orida Statutos. 1: Registered Agent signature r 13. 1.1 III.E	ration's board of directors. I hereby acc noured when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ts registered registered RS IN 12
office or agent. 1 GNATURE LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME	registered agent, or both, i am familiar with, and accep Signature, typed or printed name of OFF D, ALAN 23494 COYOTE SPG: DIAMOND BAR CA D HO, PONY	n the State of Florid, t the obligations of, represent agent and the in ICE RS AND DIREC S. DR.	a Such change was Section 607.0505, FI application (NOT TORS	es, the above-named c authorized by the corpo orida Statutos. 1: Rogisiered Agent signature re 13: 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ration's board of directors. I hereby acc revired when reinslating) ADDITIONS/CHANGES TO OFF Secyetavi	Purpose of changing in ept the appointment as DATE ICERS AND DIRECTOF Change DR.	ts registorod registored IS IN 12 X Addition
ACTION AND AND AND AND AND AND AND AND AND AN	registered agent, or both, i am familiar with, and accep Bignature, typed or primed name of OFF D, ALAN 23494 COYOTE SPG: DIAMOND BAR CA D HO, PONY 23494 COYOTE SPG: 23494 COYOTE SPG:	n the State of Florid, t the obligations of, represent agent and the in ICE RS AND DIREC S. DR.	a Such change was Section 607.0505, FI Poplication (NOT TORS	es, the above-named c authorized by the corpo orida Statutos. 1- Registered Agent signature of 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ration's board of directors. I hereby acc revired when reinslating) ADDITIONS/CHANGES TO OFF Secyetavi		IS registored registored IS IN 12 X Addition
CITICO OT BOOTL 1 CINATURE CINATU	registered agent, or both, i am familiar with, and accep Bignature, typed or primed name of OFF D, ALAN 23494 COYOTE SPG: DIAMOND BAR CA D HO, PONY 23494 COYOTE SPG: 23494 COYOTE SPG:	n the State of Florid, t the obligations of, represent agent and the in ICE RS AND DIREC S. DR.	a Such change was Section 607.0505, FI POPICALIC (NOT TORS DELETE	es, the above-named c authorized by the corpo orida Statutos. 1: Rogistered Agent signature of 13 . 1: TITLE 1: 2 NAME 1: 3 STREET ADDRESS 1: 4 CITY- 51- 71P 2: 1 TITLE 2: 2 NAME 2: 3 STREET ADDRESS 2: 4 CITY- 51- 71P 3: 1 TITLE 3: 2 NAME 3: 3 STREET ADDRESS 3: 4 CITY- 51- 71P 4: 1 TITLE	ration's board of directors. I hereby acc revired when reinslating) ADDITIONS/CHANGES TO OFF Secyetavi	Purpose of changing in pert the appointment as DATE ICERS AND DIRECTOF Change DR. Change	IS registored registored RS IN 12 X Addition
office or agent. 1 IGNATURE 2. ILE ME	registered agent, or both, i am familiar with, and accep Bignature, typed or primed name of OFF D, ALAN 23494 COYOTE SPG: DIAMOND BAR CA D HO, PONY 23494 COYOTE SPG: 23494 COYOTE SPG:	n the State of Florid, t the obligations of, represent agent and the in ICE RS AND DIREC S. DR.	a Such change was Section 607.0505, FI Phylicatric (NOT TORS DELETE DELETE DELETE	es, the above-named c authorized by the corporation rica Statutos. 1: Registered Agent signature of 13: 1.1 ITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ration's board of directors. I hereby acc revired when reinslating) ADDITIONS/CHANGES TO OFF Secyetavi	DATE DATE DATE DATE DATE Change DR Change Change	Is registored registored RS IN 12 IX Addition

6

ş.