

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K96350** (9)
1. Corporation Name
REAL STAR DEVELOPMENT CORP.



Principal Place of Business C/O JERRY LEHMAN 4737 DOLPHIN CAY LANE SOUTH ST. PETERSBURG FL 33711 US	Mailing Address 12300 W CENTER STREET SUITE 200 WAUWATOSA WI 53222 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4961 Bocopa Ln South Suite, Apt. #, etc. 22 #603 City & State 23 St. Petersburg, FL Zip Country 24 33711 25 US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06/19/1989	4. FEI Number 36-3651145 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**LEHMAN, JERRY
4737 DOLPHIN CAY LANE SOUTH
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4961 Bocopa Lane South, #603
83
84 City St. Petersburg FL 85 Zip Code 33711

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWENSON, DUANE A.	
STREET ADDRESS	12300 W CENTER STREET, SUITE 200	
CITY-ST-ZIP	WAUWATOSA WI	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SWENSON, ERIK A.	
STREET ADDRESS	12300 W CENTER STREET, SUITE 200	
CITY-ST-ZIP	WAUWATOSA WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALLMANN, GAIL	
STREET ADDRESS	12300 W CENTER STREET, SUITE 200	
CITY-ST-ZIP	WAUWATOSA WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARTINBEE, JAMES R.	
STREET ADDRESS	1109 DOWNING DR.	
CITY-ST-ZIP	WAUKESHA WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEHMAN, JERRY	
STREET ADDRESS	4737 DOLPHIN CAY LANE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4961 Bocopa Lane South, #603
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 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: Duane A. Swenson

3/17/98

(114) 258-0500

CR2E034 (10/97)