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May 08 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 # L15518 (8)
1. Corporation Name
STAR DEVELOPMENT, INC.



Principal Place of Business Mailing Address
% NANCY A. ROSSMAN
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819

3. Date Incorporated or Qualified 09/13/1989
3a. Date of Last Report 03/01/1996
4. FEI Number 59-2973681
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
21 Suite 6355 MetroWest Blvd. 26 Suite 6355 MetroWest Blvd.
22 Suite 330 27 Suite 330
23 City & State Orlando, Florida 32835 28 Orlando, Florida 32835
24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
ROSSMAN, NANCY A.
7829 GREENBRIAR PARKWAY
ORLANDO, FL . FL 32819

10. Name and Address of New Registered Agent
81 Name ROSSMAN, NANCY A.
82 Street Address 6355 MetroWest Blvd Suite 330
83 Orlando, Florida 32835
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: *Nancy A. Rossman* DATE: 2/3/97

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	ROSSMAN, NANCY A.	
STREET ADDRESS	7829 GREENBRIAR PKWY	
CITY - ST - ZIP	ORLANDO, FL .	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROSSMAN, NANCY A.	
STREET ADDRESS	7829 GREENBRIAR PKWY	
CITY - ST - ZIP	ORLANDO, FL .	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROSSMAN, NANCY A.	
1.3 STREET ADDRESS	6355 METROWEST BLVD SUITE 330	
1.4 CITY - ST - ZIP	ORLANDO, FL. 32835	
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	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROSSMAN, KATH J	
3.3 STREET ADDRESS	6355 METROWEST BLVD SUITE 330	
3.4 CITY - ST - ZIP	ORLANDO FL 32835	
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: *Nancy A. Rossman* DATE: 2/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone # 407 323 2823

CR2E034 (9/96)