


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

FILED

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 # L15802 (6)					
1. Corporation Name STAR RESORT, INC.					
Principal Place of Business 7829 GREENBRIAR PKWY ORLANDO FL 32819			Mailing Address 7829 GREENBRIAR PKWY ORLANDO FL 32819-6926		
2. Principal Place of Business 21 6355 MetroWest Blvd. 22 Suite 330 23 Orlando, Florida 32835		2a. Mailing Address 26 6355 MetroWest Blvd. 27 Suite 330 28 Orlando, Florida 32835		3. Date Incorporated or Qualified 09/11/1989	
24 FL		25 32835		3a. Date of Last Report 03/15/1996	
26 FL		27 32835		4. FEI Number 59-2973978	
28 FL		29 32835		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
30 FL		31 32835		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
32 FL		33 32835		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROSSMAN, NANCY A. 7829 GREENBRIAR PKWY ORLANDO FL 32819					
10. Name and Address of New Registered Agent 81 Name ROSSMAN, NANCY A. 82 Street Address (P.O. Box Number is Not Acceptable) 6355 MetroWest Blvd. 83 Suite 330 84 City Orlando, Florida 32835 FL 85 Zip Code					
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 607.0503, Florida Statutes. SIGNATURE <i>Nancy A. Rossman</i> DATE 2/3/97					
12. OFFICERS AND DIRECTORS 1.1 TITLE DPS <input type="checkbox"/> DELETE 1.2 NAME ROSSMAN, NANCY A. 1.3 STREET ADDRESS 7829 GREENBRIAR PKWY 1.4 CITY-ST-ZIP ORLANDO FL 2.1 TITLE T <input checked="" type="checkbox"/> DELETE 2.2 NAME ROSSMAN, NANCY A. 2.3 STREET ADDRESS 7829 GREENBRIAR PKWY 2.4 CITY-ST-ZIP ORLANDO FL 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 METRO WEST BLVD SUITE 330 1.4 CITY-ST-ZIP ORLANDO, FL. 32835 2.1 TITLE 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 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: <i>Nancy A. Rossman</i> DATE: 2/3/97 407 394 053 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)