

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

FILED

Apr 25 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 # **L41903** (0)  
1. Corporation Name  
**DIXIE STAR CORP.**



Principal Place of Business ~~645 N.E. 10 STREET~~ delete  
3001 DAVIE BLVD  
FT LAUDERDALE FL 33312  
US

Mailing Address ~~645 N.E. 10 STREET~~ delete  
3001 DAVID BLVD  
FT. LAUDERDALE FL 33312-2836  
US

3. Date Incorporated or Qualified **01/11/1990**  
3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
21 **3001 Davie Blvd**  
Suite, Apt. #, etc.  
22  
City & State  
23 **FT Lauderdale, FL**  
Zip Country  
24 **33312** 25 **USA**

2a. Mailing Address  
26 **3001 Davie Blvd**  
Suite, Apt. #, etc.  
27  
City & State  
28 **FT Lauderdale, FL**  
Zip Country  
29 **33312** 30 **USA**

4. FEI Number **65-0169494**  
Applied For Not Applicable

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

9. Name and Address of Current Registered Agent  
**ERICKSON, J. ROBERT**  
**2151 SW 42 AVE.**  
**FT. LAUDERDALE FL 33317**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>ERICKSON, J. ROBERT</b>	
STREET ADDRESS	<b>2151 SW 42 AVE.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33317</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>DUCHARDT, LLOYD P.</b>	
STREET ADDRESS	<b>3001 DAVIE BLVD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	
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	<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 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)

954-403-0333  
10/1/97