

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
- 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41029** (2)
1. Corporation Name
STARLIGHT PROMENADERS, INC.

Principal Place of Business Mailing Address
P.O. BOX 34 DEBARY FL 32713 P.O. BOX 34 DEBARY FL 32713

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 11/27/1990 3a. Date of Last Report 08/05/1994
4. FEI Number 59-2998342 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ROBERT, MARCHANT J
1709 TWIN OAKS
DELTONA FL 32713

10. Name and Address of New Registered Agent
81 Name **Brauner, Jackie**
82 Street Address (P.O. Box Number is Not Acceptable) **234 Lago Vista St.**
83 **Debary, Fl. 32713**
84 City **Debary, Fl. 32713** 85 Zip Code **FL 32713**

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 *Jackie Brauner*

12. OFFICERS AND DIRECTORS
TITLE P
NAME **BARR, ROBERT**
STREET ADDRESS **1867 FAYETTEVILLE AVE**
CITY-ST-ZIP **DELTONA FL 32752**
TITLE VP
NAME **LAURA, BOAK**
STREET ADDRESS **55 MADERA RD**
CITY-ST-ZIP **DELTONA FL 32713**
TITLE S
NAME **SHIRLEY, COMPEAU**
STREET ADDRESS **1507 SUMATRA AVE**
CITY-ST-ZIP **DELTONA FL 32725**
TITLE T
NAME **MARCHANT, ROBERT**
STREET ADDRESS **1709 TWIN OAKS ST**
CITY-ST-ZIP **DELTONA FL 32725**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P. D Change Addition
1.2 NAME **Copeland, Stanley**
1.3 STREET ADDRESS **587 Bolger Ct.**
1.4 CITY-ST-ZIP **Deltona, Fl. 32735**
2.1 TITLE VP Change Addition
2.2 NAME SAME
2.3 STREET ADDRESS **50000152265**
2.4 CITY-ST-ZIP **-06/23/95--01078--018**
*****130.00 ***130.00**
3.1 TITLE S.
3.2 NAME **Lungren, Phyllis**
3.3 STREET ADDRESS **135 Willow Dr.**
3.4 CITY-ST-ZIP **Lake Helen Fl. 32744**
4.1 TITLE T. D Change Addition
4.2 NAME **Brauner, Jackie**
4.3 STREET ADDRESS **234 Lago Vista, St.**
4.4 CITY-ST-ZIP **Debary, Fl. 32713**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jackie Brauner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year) (Typed Name #)