

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

**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**

3. Date Incorporated or Qualified **11/27/1990** 3a. Date of Last Report **05/01/1995**  
 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**  
 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, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip  
 24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**BRAUNER, JACKIE J**  
**234 LAGO VISTA ST.**  
**DEBARY FL 32713**

10. Name and Address of New Registered Agent  
 81 Name **BRAUNER, JACKIE L.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **234 LAGO VISTA ST**  
 83 City **DeBary** FL 85 Zip Code **32713**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jackie J Brauner* (NOTE: Registered Agent signature required when reinstating) DATE **06/07/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>COPELAND, STANLEY</b> <b>857 BOLGER CT.</b> <b>DELTONA FL 32735</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Laura, Boak</b> <b>55 MADERA RD</b> <b>DELTONA FL 32713</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LUNGREN, PHYLLIS</b> <b>135 WILLOW DR.</b> <b>LAKE HELEN FL 32744</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BRAUNER, JACKIE</b> <b>234 LAGO VISTA ST.</b> <b>DEBARY FL 32713</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD</b> <b>PRESIDENT</b> <b>LELAND PEARL</b> <b>2300 C. Brown POBox359</b> <b>ORANGE CITY, FL 32713</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VD</b> <b>VICE PRESIDENT</b> <b>PEGGY McNamee</b> <b>539 Leaf Circle</b> <b>Deland FL 32724</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T</b> <b>LUNGREN, PHYLLIS</b> <b>SAME</b> <b>135 WILLOW DR</b> <b>LAKE HELEN FL 32744</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>TD</b> <b>JACKIE BRAUNER</b> <b>SAME</b> <b>234 LAGO VISTA</b> <b>DEBARY FL 32713</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>T</b> <b>GALE BOAK</b> <b>55 MADERA RD</b> <b>DEBARY, FL 32713</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>T</b> <b>SORTORE PHILIP</b> <b>41 JASMINE</b> <b>DEBARY FL 32713</b> <b>Bank deposit col. 25</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 J Brauner* SIGNATURE REQUIRED *Jackie J Brauner* DATE **06/07/96** 407-665-4387  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (3/96)