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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32713-0034

3. Date Incorporated or Qualified 11/27/1990 3a. Date of Last Report 08/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2998342 Applied For Not Applicable  
22 Suite, Apt #, etc. 27 Suite, Apt #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 Zip Country 29 Zip Country 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
BRAUNER, JACKIE J 234 LAGO VISTA ST. DEBARY FL 32713  
81 Name PARRATT JUANITA N.  
82 Street Address (P.O. Box Number is Not Acceptable) 29 AZALEA DR.  
83  
84 City De Bary 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 Juanita N. Parratt 407-668-2579 2-12-97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	PEARL, LELAND	1.1 TITLE PD. THORN BURG HERMAN	Change Addition
NAME PEARL, LELAND	2300 E. GROVES	1.2 NAME 23931 BOBEAT RD.	
STREET ADDRESS ORANGE CITY FL 32713		1.3 STREET ADDRESS ASTOR FL. 32102	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	MCGUIRE, PEGGY	2.1 TITLE VP. MEYERS NAVY	Change Addition
NAME MCGUIRE, PEGGY	539 LEAF CIR.	2.2 NAME 750 BUNDARY	
STREET ADDRESS DELAND FL 32724		2.3 STREET ADDRESS DELAND FL. 32720	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TS	LUNGREN, PHYLLIS	3.1 TITLE TS. AUBREY MILHA	Change Addition
NAME LUNGREN, PHYLLIS	135 WILLOW DR.	3.2 NAME 989 RADFORD DR	
STREET ADDRESS LAKE HELEN FL 32744		3.3 STREET ADDRESS DELTONA, FL. 32738	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TD	BRAUNER, JACKIE	4.1 TITLE TD. PARRATT JUANITA N.	Change Addition
NAME BRAUNER, JACKIE	234 LAGO VISTA ST.	4.2 NAME 29 AZALEA DR.	
STREET ADDRESS DEBARY FL 32713		4.3 STREET ADDRESS De Bary, Fl. 32713	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE T	BOAK, GALE	5.1 TITLE T PEARL LELAND	Change Addition
NAME BOAK, GALE	55 MEDERA RD.	5.2 NAME 268 SILVERSTONE DR.	
STREET ADDRESS DE BARY FL 32713		5.3 STREET ADDRESS ORANGE CITY 32763	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE T	SORTORE, PHILIP	6.1 TITLE	Change Addition
NAME SORTORE, PHILIP	41 JASMINE	6.2 NAME	
STREET ADDRESS DE BARY FL 32713		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
904-759-2082

SIGNATURE: Herman Thornburg 2-12-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013069

CF2E037 (9/96)