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Apr 13, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41029

1. Corporation Name
STARLIGHT PROMENADERS, INC.

Principal Place of Business P.O. BOX 34 DEBARY FL 32713	Mailing Address P.O. BOX 34 DEBARY FL 32713
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/27/1990	4. FEI Number 59-2998342 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

PHYLLIS A LUNGREN
730 EASTRIDGE DR
ORANGE CITY FL 32763

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RANDY POOLE	
STREET ADDRESS	1541 LAKESIDE DR	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GALE BOAK	
STREET ADDRESS	55 MADERA RD	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ORLIER GAY	
STREET ADDRESS	917 N DEAN CIR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PHYLLIS A LUNGREN	
STREET ADDRESS	730 EASTRIDGE DR	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LELAND, PEARL	
STREET ADDRESS	268 SILVERSTONE DR	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LELAND PEARL	
STREET ADDRESS	268 SILVERSTONE DR	
CITY-ST-ZIP	ORANGE CITY FL 32763	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	Robert Barr
1.3 STREET ADDRESS	1867 Fayetteville Ave,
1.4 CITY-ST-ZIP	Deltona, Fl. 32725
2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	William Poole
2.3 STREET ADDRESS	2439 Vaughan Ave
2.4 CITY-ST-ZIP	Deltona, Fl. 32725
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	Same
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	Same
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	Randall Poole
5.3 STREET ADDRESS	1541 Lakeside Dr.
5.4 CITY-ST-ZIP	Deland, Fl. 32720
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	Same
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Phyllis Lungren* **PHYSICIAN REGISTERED** DATE: *Apr 7, 1999* DAYTIME PHONE #: *904-795-3117*

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