

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43421 (9)

1. Corporation Name

PLANT CITY STARS, INC.



Principal Place of Business

**115 W. ARDEN MAYS BLVD.
PLANT CITY FL 33564-1691
US**

Mailing Address

**P.O. BOX 1691
PLANT CITY FL 33564-1691
US**

3. Date Incorporated or Qualified
05/15/1991

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEIN, PATTY
2103 GOLFVIEW DRIVE
PLANT CITY FL 33567**

81 Name

Kim Mitchell

82 Street Address (P.O. Box Number is Not Acceptable)

1906 E. Linda Street

83

84 City

Plant City

FL

85 Zip Code

33566

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

Kim Mitchell

Kim Mitchell, President

4/22/96

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, PATTY	
STREET ADDRESS	2103 GOLFVIEW DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, KIM	
STREET ADDRESS	1906 E LINDA ST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	YOUNG, BOB	
STREET ADDRESS	105 DORADO STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JACKSON, JENNIFER	
STREET ADDRESS	3407 W. DELAWARE AVE.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HERRMANN, CECELIA	
STREET ADDRESS	6011 WEST HWY 92	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kim Mitchell	
1.3 STREET ADDRESS	1906 E. Linda St.	
1.4 CITY-ST-ZIP	Plant City, FL 33566	
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 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:

Cecelia Herrmann

Cecelia Herrmann

4/22/96

(813)659-0068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)