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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90058 040 ****61.25

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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 # N95000004704

1. Corporation Name

STAR COMMUNITY DEVELOPMENT CORPORATION

94382 90058 40

Principal Place of Business

2311 S W 48TH AVENUE
 WEST HOLLYWOOD FL 33023
 US

Mailing Address

2311 S W 48TH AVENUE
 MIRAMAR FL 33023
 US



2. Principal Place of Business 21 5401 S.W. 24th STREET	2a. Mailing Address 26 2311 S.W. 48TH AVENUE	3. Date Incorporated or Qualified 10/05/1995
Suite, Apt. #, etc. 22 W. HOLLYWOOD, FLORIDA	Suite, Apt. #, etc. 27 W. HOLLYWOOD, FLORIDA	4. FEI Number NOT APPLICABLE
City & State 23 33023 BROWARD	City & State 28 33023 BROWARD	Applied For: Not Applicable
Zip 24	Country 25	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	29	30

9. Name and Address of Current Registered Agent

HEPBURN, PATRICIA
 5360 S.W. 19TH STREET
 WEST HOLLYWOOD FL

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 *Patricia Hepburn* 5360 S.W. 19th St 1-13-99
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 C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEPBURN, I.W. S REV.		1.2 NAME	
STREET ADDRESS 2311 S.W. 48TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP W HOLLYWOOD FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOLLY, WILLIAM D		2.2 NAME	
STREET ADDRESS 5111 S.W. 20TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP W HOLLYWOOD FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEPBURN, PATRICIA		3.2 NAME	
STREET ADDRESS 5360 S.W. 19TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP W HOLLYWOOD FL 33023		3.4 CITY-ST-ZIP	
TITLE M	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, EARLY JR		4.2 NAME	
STREET ADDRESS 2830 N.W. 164TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP OPA LOCKA FL 33054		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEPBURN, PHILLIP		5.2 NAME	
STREET ADDRESS 1223 WILLOW LERE CIR.		5.3 STREET ADDRESS	
CITY-ST-ZIP HOOVER AL		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, ANTHONY		6.2 NAME	
STREET ADDRESS 431 N.W. 184TH TERRACE		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33169		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: *Dr. I.W. Hepburn* REQUIRED

1-13-99. (954) 989-9409

CR2E037 (1/198)