

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 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 # N96000000735 (8)  
 1. Corporation Name

THE STARBURST FOUNDATION, INC.



Principal Place of Business: 340 GULF OF MEXICO DR., UNIT 111 LONGBOAT KEY FL 34228  
 Mailing Address: 340 GULF OF MEXICO DR., UNIT 111 LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1996  
 3a. Date of Last Report

2. Principal Place of Business (21-24):  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country  
 2a. Mailing Address (25-30):  
 25. Suite, Apt. #, etc.  
 26. City & State  
 27. Zip  
 28. Country

4. FEI Number: 65-0640385  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent:  
 HARRELL, DONALD J  
 2033 MAIN ST.  
 SUITE 300  
 SARASOTA FL 34237

10. Name and Address of New Registered Agent:  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code: FL

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D CAROLE A. WINER
1.3 STREET ADDRESS	340 GULF OF MEXICO DR # 111
1.4 CITY-ST-ZIP	Long Boat Key, FL 34228
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/D BARBARA BOURGEOIS
2.3 STREET ADDRESS	5 OLD SHERMAN HILL RD
2.4 CITY-ST-ZIP	WOODBURY CT 06798
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T/D KEVIN L. DUMAS
3.3 STREET ADDRESS	63 JUDDS BRIDGE RD
3.4 CITY-ST-ZIP	ROXBURY CT 06783
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/D Rhonda Sarah Eleish
4.3 STREET ADDRESS	285 OLD BATTERY RD
4.4 CITY-ST-ZIP	BRIDGEPORT CT 06605
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D JUDY KLAUBER
5.3 STREET ADDRESS	1663 EAGLE VIEW COURT
5.4 CITY-ST-ZIP	SARASOTA FL 34232
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D DONALD J. HARRELL
6.3 STREET ADDRESS	2033 MAIN ST SUITE 300
6.4 CITY-ST-ZIP	SARASOTA FL 34237

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED: \_\_\_\_\_ 9/1/97

CR2E037 (4/97)