

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

Mailing Address

340 GULF OF MEXICO DR., UNIT 111
 LONGBOAT KEY FL 34228

340 GULF OF MEXICO DR., UNIT 111
 LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/07/1996

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

4. FEI Number

Applied For

65-0640385

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

10. Name and Address of New Registered Agent

HARRELL, DONALD J
 2033 MAIN ST.
 SUITE 300
 SARASOTA FL 34237

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

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 DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE Change Addition
 1.2 NAME P/D
 1.3 STREET ADDRESS CAROLE A. WINER
 340 GULF OF MEXICO DR # 111
 1.4 CITY-ST-ZIP Long Boat Key, FL 34228

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME V/D
 2.3 STREET ADDRESS BARBARA BOURGEOIS
 5 OLD SHERMAN HILL RD
 2.4 CITY-ST-ZIP WOODBURY CT 06798

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME T/D
 3.3 STREET ADDRESS KEVIN L. DUMAS
 63 JUDDS BRIDGE RD
 3.4 CITY-ST-ZIP ROXBURY CT 06783

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME S/D
 4.3 STREET ADDRESS Rhonda Sarah Eleish
 285 OLD BATTERY RD
 4.4 CITY-ST-ZIP BRIDGEPORT CT 06605

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME D
 5.3 STREET ADDRESS JUDY KLAUBER
 1663 EAGLE VIEW COURT
 5.4 CITY-ST-ZIP SARASOTA FL 34232

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME D
 6.3 STREET ADDRESS DONALD J. HARRELL
 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

[Handwritten Signature] 9/1/97

CR2E037 (4/97)