


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/07/1996	
4. FEI Number 65-0640385	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINER, CAROLE A	1.2 NAME	
STREET ADDRESS	340 GULF OF MEXICO DR, #111	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURGEOIS, BARBARA	2.2 NAME	
STREET ADDRESS	5 OLD SHERMAN HILL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY CT	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMAS, KEVIN L	3.2 NAME	
STREET ADDRESS	63 JUDDS BRIDGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROXBURY CT	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAUBER, JUDY	4.2 NAME	
STREET ADDRESS	1663 EAGLE VIEW COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, DONALD J	5.2 NAME	
STREET ADDRESS	2033 MAIN ST, SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELEISH, RHONDA S	6.2 NAME	
STREET ADDRESS	285 OLD BATTERY RD.	6.3 STREET ADDRESS	100 South ST
CITY-ST-ZIP	BRIDGEPORT CT 06605	6.4 CITY-ST-ZIP	FAIRFIELD CT 06430

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.

SIGNATURE: **BARBARA BOURGEOIS** ✓ **1/29/98** 860 266 4500

CRE037 (10/97)