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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000735

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/07/1996

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

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

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 DELETE

TITLE PD
NAME WINER, CAROLE A
STREET ADDRESS 340 GULF OF MEXICO DR., #111
CITY-ST-ZIP LONGBOAT KEY FL

TITLE VD
NAME BOURGEOIS, BARBARA
STREET ADDRESS 5 OLD SHERMAN HILL RD
CITY-ST-ZIP WOODBURY CT

TITLE TD
NAME DUMAS, KEVIN L
STREET ADDRESS 63 JUDDS BRIDGE RD
CITY-ST-ZIP ROXBURY CT

TITLE D
NAME KLAUBER, JUDY
STREET ADDRESS 1663 EAGLE VIEW COURT
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME HARRELL, DONALD J
STREET ADDRESS 2033 MAIN ST., SUITE 300
CITY-ST-ZIP SARASOTA FL

TITLE SD
NAME ELEISH, RHONDA S
STREET ADDRESS 100 SOUTH STREET
CITY-ST-ZIP FAIRFIELD CT 06430

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature Required

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