

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15824

(6)

1. Corporation Name

BAHAMA STAR LIMITED, INC.

Principal Place of Business

2260 NORTH US 1
FT. PIERCE FL 34946
US

Mailing Address

2260 NORTH US 1
FT. PIERCE FL 34948-8913
US



3. Date Incorporated or Qualified

09/03/1987

3a. Date of Last Report

04/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2798515

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LUTHER, JEFF W.
2260 NORTH US 1
FORT PIERCE FL 34946

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: JEFF W. LUTHER - GENERAL MANAGER

Signature typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature is required when reinstating)

DATE

1/23/97

12. OFFICERS AND DIRECTORS

TITLE	P	SCOTT, DANNY	<input checked="" type="checkbox"/> DELETE
NAME		1901 S. INDIAN RIVER DR.	
STREET ADDRESS		FT. PIERCE FL	
CITY-ST-ZIP			
TITLE	V	LUTHER, JOHN	<input type="checkbox"/> DELETE
NAME		1626 90TH AVENUE	
STREET ADDRESS		VERO BEACH FL	
CITY-ST-ZIP			
TITLE	ST	NELSON, GREGORY P.	<input checked="" type="checkbox"/> DELETE
NAME		1900 OLD DIXIE HWY.	
STREET ADDRESS		FT. PIERCE FL	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREGORY P. NELSON	
1.3 STREET ADDRESS	1900 OLD DIXIE HWY.	
1.4 CITY-ST-ZIP	FORT PIERCE, FL 34946	
2.1 TITLE	GLEN W. REED-SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1900 OLD DIXIE HWY.	
2.3 STREET ADDRESS	FORT PIERCE, FL 34946	
2.4 CITY-ST-ZIP		
3.1 TITLE	GARY M. RUST - TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1626 90TH AVENUE	
3.3 STREET ADDRESS	VERO BEACH, FL 32962	
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DANFORTH K. RICHARDSON	
4.3 STREET ADDRESS	1626 90TH AVENUE	
4.4 CITY-ST-ZIP	VERO BEACH, FL 32962	
5.1 TITLE	BERNARD A. EGAN- DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	1900 OLD DIXIE HWY.	
5.3 STREET ADDRESS	FORT PIERCE, FL 34946	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GREGORY P. NELSON, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

561-466-6333

CR2E034 (9/96)