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**Feb 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34946 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18 FISHERMAN'S WHARF Suite, Apt. #, etc.		2a. Mailing Address 26 18 FISHERMAN'S WHARF Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/03/1987	
22 City & State 23 FORT PIERCE, FL		27 City & State 28 FORT PIERCE, FL		4. FEI Number 59-2798515	
24 Zip 34950		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 34950		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LUTHER, JEFF W. 2260 NORTH US 1 FORT PIERCE FL 34946				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	

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 GREGORY P. NELSON			
		82 Street Address (P.O. Box Number is Not Acceptable) 1900 OLD DIXIE HIGHWAY			
		83			
		84 City FORT PIERCE, FL		85 Zip Code 34946	

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: *Gregory P. Nelson* **GREGORY P. NELSON** January 29, 1998

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	P <input type="checkbox"/> DELETE	1.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, GREGORY P	1.2 NAME	DIRECTOR
STREET ADDRESS	1900 OLD DIXIE HIGHWAY	1.3 STREET ADDRESS	GREGORY P. NELSON
CITY-ST-ZIP	FORT PIERCE FL	1.4 CITY-ST-ZIP	1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	LUTHER, JOHN	2.2 NAME	
STREET ADDRESS	1626 90TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	SECR/TREAS/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, GLEN W	3.2 NAME	GLEN W. REED
STREET ADDRESS	1900 OLD DIXIE HIGHWAY	3.3 STREET ADDRESS	1900 OLD DIXIE HIGHWAY
CITY-ST-ZIP	FORT PIERCE FL	3.4 CITY-ST-ZIP	FORT PIERCE, FL 34946 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	RICHARDSON, DANFORTH K	4.2 NAME	
STREET ADDRESS	1626 90TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	RUST, GARY M	5.2 NAME	
STREET ADDRESS	1626 90TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, BERNARD A	6.2 NAME	BERNARD A. EGAN
STREET ADDRESS	1900 OLD DIXIE HIGHWAY	6.3 STREET ADDRESS	1900 OLD DIXIE HIGHWAY
CITY-ST-ZIP	FORT PIERCE FL	6.4 CITY-ST-ZIP	FORT PIERCE, FL 34946

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 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* **GREGORY P. NELSON, VP/DIR/REG.AGENT**

CR2E034 (10/97)