

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

FILED

May 12 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 # P92000002804 (2)

1. Corporation Name  
BLUE STAR COMMODITIES, INC.



Principal Place of Business

6709 LARIMER ST.  
TAMPA FL 33615

Mailing Address

6709 LARIMER ST.  
TAMPA FL 33615-2863

3. Date Incorporated or Qualified  
11/06/1992

3a. Date of Last Report  
01/22/1996

2. Principal Place of Business

21 202 N. Rome Ave.  
Suite, Apt. #, etc

22 City & State  
TAMPA, FLA.

23 Zip  
33607

25 Country  
USA

2a. Mailing Address

26 202 N. Rome Ave.  
Suite, Apt. #, etc

27 City & State  
TAMPA, FLA.

28 Zip  
33607

30 Country  
USA

4. FEI Number  
59-3150954

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

DONICA, HERBERT R  
201 E. KENNEDY BLVD.  
SUITE 1500  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

FRANK L. DUCI

82 Street Address (P.O. Box Number is Not Acceptable)

202 N. Rome Ave.

83

84 City

TAMPA

FL

85 Zip

33606

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

Signature of officer or director of corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/5/95

12. OFFICERS AND DIRECTORS

TITLE P  
NAME PICCOLO, AL  
STREET ADDRESS 6709 LARIMER ST.  
CITY-ST-ZIP TAMPA FL 33615

TITLE ST  
NAME MANGAKIS, CAMILLE  
STREET ADDRESS 4168 SALTWATER BLVD.  
CITY-ST-ZIP TAMPA FL 33615

TITLE V  
NAME ASTORE, BOB  
STREET ADDRESS 1170 SHOREVIEW DRIVE  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0362210

CR2E034 (9/96)