FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY -4 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
SOUTHSTAR MANUFACTURING CORPORATION

DOCUMENT # P93000044833 (0)

Mailing Address
245 DE SOTO PARKWAY
SATELLITE BEACH FL 32937
925 N. HIGHWAY AIA # 404
INDIALANTIC, FL 32903

Principal Place of Business
245 DE SOTO PARKWAY
SATELLITE BEACH FL 32937
1861 SOUTH PATRICK DR #161
INDIAN HARBOUR BEACH FL 32937

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/27/93
3a. Date of Last Report: 1997

2. Mailing Address (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Principal Place of Business (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3188058 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERSTEIN JAMES S
925 N. HWY AIA #404
INDIALANTIC
FL 32903

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 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS					13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	D				11 TITLE
12 NAME	HERSTEIN	ROSALIE	D		12 NAME
13 STREET ADDRESS				925 N. HWY AIA #404	13 STREET ADDRESS
14 CITY-ST-ZIP				INDIALANTIC FL 32903	14 CITY-ST-ZIP
21 TITLE	D				21 TITLE
22 NAME	HERSTEIN	JAMES	S		22 NAME
23 STREET ADDRESS					23 STREET ADDRESS
24 CITY-ST-ZIP					24 CITY-ST-ZIP
31 TITLE	D				31 TITLE
32 NAME	HERSTEIN	JONATHAN	P		32 NAME
33 STREET ADDRESS				925 N. HWY AIA #404	33 STREET ADDRESS
34 CITY-ST-ZIP				INDIALANTIC FL 32903	34 CITY-ST-ZIP
41 TITLE					41 TITLE
42 NAME					42 NAME
43 STREET ADDRESS					43 STREET ADDRESS
44 CITY-ST-ZIP					44 CITY-ST-ZIP
51 TITLE					51 TITLE
52 NAME					52 NAME
53 STREET ADDRESS					53 STREET ADDRESS
54 CITY-ST-ZIP					54 CITY-ST-ZIP
61 TITLE					61 TITLE
62 NAME					62 NAME
63 STREET ADDRESS					63 STREET ADDRESS
64 CITY-ST-ZIP					64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: James S. Herstein 4/28/97 407-726-8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #