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FILED  
Feb 21 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 # P93000045807 (3)

1. Corporation Name  
STAR JARS, INC.



Principal Place of Business: 235 SUNRISE AVE. STE. 1108 PALM BEACH FL 33480 US

Mailing Address: 235 SUNRISE AVE. STE. 1108 PALM BEACH FL 33480-3812 US

3. Date Incorporated or Qualified: 06/22/1993  
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business: 21 840 U.S. HIGHWAY #1 SUITE 405 NORTH PALM BEACH, FL 33408

2a. Mailing Address: 26 840 U.S. HIGHWAY #1 SUITE 405 NORTH PALM BEACH, FL 33408

4. FEI Number: 65-0422360 65-0573466  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: GRIESEMER, ROBERT J 508 OVERLOOK DRIVE NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALLAVICINI, GIOVANNI R	1.2 NAME	
STREET ADDRESS	126 PALM AVE., STE. 2	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIESEMER, ROBERT J	2.2 NAME	
STREET ADDRESS	508 OVERLOOK DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	2.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEMMI, PETER A	3.2 NAME	
STREET ADDRESS	235 SUNRISE AVE., STE. 1108	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL 33480	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: \_\_\_\_\_ 1-10-97 (561)622-7664

CR2E034 (9/96)