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

Mailing Address

1339 DIXIE LEE LANE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1339 DIXIE LEÉ LANE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000053868 (4)

BRIGHTSTAR VENTURES, INC.

SARASOTA FL 34231-2320 SARASOTA FL 34231 3. Date Incorporated or Qualified 3a. Date of Last Report 07/26/1993 05/01/1996 2a. Mailing Address 4, FEI Number Applied For 2. Principal Place of Business 65-044 1939 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country  $Z_{1D}$ Country Ζŧρ 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 John Shea 4544 Quare Run La 1999 DIXIE LEE LAND 82 SARASOTA FL 3423+ 83 34232 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 typed or printed na rt and title if applicable \*\*\*\*\*\*\* signature required when reinstating) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) PDST ☐ DELETE Change Addition TITLE 1.1 TITLE SHEA, JOHN J JR NAME 1.2 NAME 1335 DIXIE LEE LN STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-S1-7IP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - 7IF DELETE Change 3.1 DILE Addition TITLE NAME 3.2 NAME

CHY-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 eath; that I am an officer or director of the certification 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 changes on an alternment with an address.

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIF

CITY - S1 - Z0

NAME

TILE

NAME STREET ADDRESS

ME

NAME STREET ADDRESS

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

28 april 97

Daytime Phone #

Change

☐ Change

Change

Addition

Addition

Addition

**FILED** 

May 19 1997 8:00am

Secretary of State