SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000060140 (9)

BRIGHT STAR RESORTS, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

1797 JUL 24 PN 1: 26

SECRETARY OF STATE TALLAMASSEE, FLORIDA





| 4470 WINDERWOOD CIRCLE ORLANDO FL 32835 | | 4470 WINDERWOOD CIRCLE ORLANDO FL 32835 | | | |
|---|--|--|---------------------------------|--|--|
| | | | | DO NOT WRITE | |
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | _ <u></u> | 08/24/1993 | 02/12/1996 |
| | ace of Business | 2a. Mailing Address | A & | 4. FEI Number | Applied For |
| | Kl. Irba Brosson Men | | - Willow C | 24 59-3202249 | Not Applicable |
| Sulte, Apt. 1 | · | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 High | | 27 🔘 | | 5. Commodite of Citation Desired | Fee Required |
| City & State | - . | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| | simmee FL | 28 Orlando | FL_ | Trust Fund Contribution | Added to Fees |
| Zip 24 347 | Country 25 U.SA | Zip | Country | 8. This corporation owes or has pai | |
| 24 34 4 | g. Name and Address of Current R | | 30 V SA | Personal Property Tax due June | |
| | | | | | |
| ROON, GETTINET (1 | | | | | |
| 4470 WINDERWOOD CIRCLE 82 Street Address (P. | | | | dress (P.O. Box Number is Not Acceptab | le) |
| ORLANDO FL 32835 | | | | | |
| | | | 63 | | |
| | | | 84 City | | FL 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 | Signature, typed or printed name of registered agent a | nd title if englicable /NOTE: | Registered Agent signature requ | uirad when remetaling | DATE |
| 12. | OFFICERS AND D | | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | D | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OF TIC | Change Addition |
| NAME | KOCH, JEFFREY H | | 1.2 NAME | | |
| STREET ADDRESS | 4470 WINDERWOOD CIRCLE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32835 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | TEITELBAUM, MARK E | | 2.2 NAME | | — · • — · |
| STREET ADDRESS | 1810 NORTH KENTUCKY STREE | =1 | I | 3000022 -07/30/9 | 532631 |
| 1 | ARLINGTON VA 22205 | - 1 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | AIGHOTOTT TA EZEOS | DELETE | 2. 4 CITY - ST - ZIP | ****165 | -00 ***165_00 |
| TITLE | | L. DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDARES | | | 3.3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | | 7 55155 | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME - | | | 4. 2 NAME | | İ |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 T(TL€ | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | 108,010 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | ~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | (1) |
| | | | | | |

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.



9292

To:

Tracy S

From:

Jay Banfal

Res

1997 Profit Corporation Annual Report

Date:

July 15th 1997

We just received the 2nd notice for 1997 Annual Report.Unfortunately we did not receive the first notice. There was change in the mailing address and there was an oversight on our part in notifying the State. The second notice however was mailed to correct address. Enclosed please find a check in the amount of \$165.00.I sincerely hope that due consideration is given to the situation and that our account be adjusted accordingly.

Thank you for all your help in this matter.

Sincerely.

May Baddal (Controller

4533 W. Irlo Bronson Mem. Hwy. (U.S. 192) • Kissimmee, Florida 34746 Office: (407) 397-1700 • Fax: (407) 397-1100 • Reservations: (407) 397-0610