

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000008779 (8)**

1. Corporation Name

WHITE STAR DEVELOPMENT, INC.

Principal Place of Business
**7829 GREENBRIAR PARKWAY
ORLANDO FL 32819**

Mailing Address
**7829 GREENBRIAR PARKWAY
ORLANDO FL 32819-8926**

3. Date Incorporated or Qualified 01/26/1994	3a. Date of Last Report 04/10/1996
4. FEI Number 59-3226994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 6355 MetroWest Blvd	26 6355 MetroWest Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Ste 330	27 Ste 330
City & State	City & State
23 Orlando FL	28 Orlando FL
Zip	Zip
24 32835	29 32835
Country	Country
25	30

9. Name and Address of Current Registered Agent

**ROSSMAN, NANCY A
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name	Rossman, Nancy A
82 Street Address (P.O. Box Number is Not Acceptable)	6355 MetroWest Blvd
83	Ste 330
84 City	Orlando
85 Zip Code	FL 32835

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, NANCY A	1.2 NAME	Rossman, Nancy A
STREET ADDRESS	7829 GREENBRIAR PARKWAY	1.3 STREET ADDRESS	6355 MetroWest Blvd Ste 330
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	Orlando FL 32835
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, NORMAN A	2.2 NAME	
STREET ADDRESS	7829 GREENBRIAR PARKWAY	2.3 STREET ADDRESS	6355 MetroWest Blvd Ste 330
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	Orlando FL 32835
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 charged, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

407 523 2323

Daytime Phone #

0092825

CP2E034 (9/96)