

5-9-97 B-61198 -C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 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 # P94000027261 (4)
 1. Corporation Name
LARGO STAR, INC.



Principal Place of Business Mailing Address
C/O KB HOLDINGS / 647 E. DANIA BCH BLVD DANIA FL 33004

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 04/05/1994 | 04/29/1996 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | 27 | 65-0478826 | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 24 | 25 | 29 | 30 |
| 29 | 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | |
|---|--|---|---|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| WAGNER, JOAN S C/O KB HOLDINGS 647 EAST DANIA BEACH BOULEVARD DANIA FL 33004 | | 81 Name | Wagner, J. |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | c/o KB Holdings, 647 E. Dania Beach Blvd. |
| | | 83 | |
| | | 84 City | Dania FL 85 Zip Code 33004 |

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: *Joan S Wagner*
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

| | | | |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D BOULIS, GUS <input type="checkbox"/> DELETE | 11 TITLE | P/D Boulis, Gus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOULIS, GUS | 12 NAME | Boulis, Gus |
| STREET ADDRESS | C/O KB HOLDINGS / 647 E. DANIA BCH BLVD | 13 STREET ADDRESS | c/o KB Holdings, 647 E. Dania Beach Blvd. |
| CITY-ST-ZIP | DANIA FL 33004 | 14 CITY-ST-ZIP | Dania, FL 33004 |
| TITLE | DP HREN, MARGARET <input checked="" type="checkbox"/> DELETE | 21 TITLE | V D Wagner, J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HREN, MARGARET | 22 NAME | Wagner, J. |
| STREET ADDRESS | C/O KB HOLDINGS / 647 E. DANIA BCH BLVD | 23 STREET ADDRESS | c/o KB Holdings, 647 E. Dania Beach Blvd. |
| CITY-ST-ZIP | DANIA FL 33004 | 24 CITY-ST-ZIP | Dania, FL 33004 |
| TITLE | DST BARRIOS, DENISE <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRIOS, DENISE | 32 NAME | |
| STREET ADDRESS | C/O KB HOLDINGS / 647 E. DANIA BCH BLVD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | DANIA FL 33004 | 34 CITY-ST-ZIP | |
| TITLE | D BARRIOS, SAM <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRIOS, SAM | 4.2 NAME | |
| STREET ADDRESS | C/O KB HOLDINGS / 647 E. DANIA BCH BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DANIA FL 33004 | 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: *Joan S Wagner* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 OS18701

CP2E034 (9/96)