


5-9-97 B-61198 -C
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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 C/O KB HOLDINGS / 647 E. DANIA BCH BLVD DANIA FL 33004		Mailing Address C/O KB HOLDINGS / 647 E. DANIA BCH BLVD DANIA FL 33004	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 04/05/1994		3a. Date of Last Report 04/29/1996	
4. FEI Number 65-0478826		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. Name and Address of Current Registered Agent WAGNER, JOAN S C/O KB HOLDINGS 647 EAST DANIA BEACH BOULEVARD DANIA FL 33004		10. Name and Address of New Registered Agent 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 obligation of, Section 607.0505, Florida Statutes. SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent Signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME BOULIS, GUS STREET ADDRESS C/O KB HOLDINGS / 647 E. DANIA BCH BLVD CITY-ST-ZIP DANIA FL 33004 TITLE DP <input checked="" type="checkbox"/> DELETE NAME HREN, MARGARET STREET ADDRESS C/O KB HOLDINGS / 647 E. DANIA BCH BLVD CITY-ST-ZIP DANIA FL 33004 TITLE DST <input type="checkbox"/> DELETE NAME BARRIOS, DENISE STREET ADDRESS C/O KB HOLDINGS / 647 E. DANIA BCH BLVD CITY-ST-ZIP DANIA FL 33004 TITLE D <input type="checkbox"/> DELETE NAME BARRIOS, SAM STREET ADDRESS C/O KB HOLDINGS / 647 E. DANIA BCH BLVD CITY-ST-ZIP DANIA FL 33004 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME Boulis, Gus 13 STREET ADDRESS c/o KB Holdings, 647 E. Dania Beach Blvd. 14 CITY-ST-ZIP Dania, FL 33004 21 TITLE V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME Wagner, J. 23 STREET ADDRESS c/o KB Holdings, 647 E. Dania Beach Blvd. 24 CITY-ST-ZIP Dania, FL 33004 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: <i>[Signature]</i> REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



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