

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000033181 (6)**

1. Corporation Name

THREE STAR MANAGEMENT INC.



Principal Place of Business

Mailing Address

1803 S AUSTRALIAN AVE
SUITE A
WEST PALM BEACH FL 33409

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SUITE A
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified 04/29/1994	3a. Date of Last Report 04/20/1995
4. FEI Number 65-0487419	Applied For 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONCHICK, MICHAEL J
1803 S AUSTRALIAN AVE
SUITE A
WEST PALM BEACH FL 33409

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 signatory (see instructions)

Date (Print - Register Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1.1 TITLE
NAME	LEVY, JONATHAN C	1.2 NAME
STREET ADDRESS	8254 LOCHINVER LN	1.3 STREET ADDRESS
CITY-ST-ZIP	POTOMAC MD 20854	1.4 CITY-ST-ZIP
TITLE	DT	2.1 TITLE
NAME	RESNICK, MARLENE	2.2 NAME
STREET ADDRESS	6701 PARK HEIGHTS AVE #38	2.3 STREET ADDRESS
CITY-ST-ZIP	BALTIMORE MD 21215	2.4 CITY-ST-ZIP
TITLE	DVS	3.1 TITLE
NAME	LEVY, DARA L	3.2 NAME
STREET ADDRESS	8254 LOCHINVER LN	3.3 STREET ADDRESS
CITY-ST-ZIP	POTOMAC MD	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

800001826758
-05/20/96--01003--036
***200.00

Signature

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan C. Levy President
JONATHAN C. LEVY President

4/20/96
Date

301-983-3875
Daytime Phone #

CR2E034 (12/95)