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FILED
Apr 22 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 # P94000048903

1. Corporation Name

DARK STAR ENTERPRISES GROUP, INC.

Principal Place of Business

Mailing Address

1715 NE 40th Street
Ft. Lauderdale, FL 33304

1715 NE 40th Street
Ft. Lauderdale, FL 33304

3. Date Incorporated or Qualified

06/30/94

3a. Date of Last Report

04/08/96

4. FEI Number

65-0504508

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City & State

23

City & State

27. City & State

28

City & State

24. Zip

Country

25

29. Zip

Country

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

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

By typing, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

AmeriLawyer Chartered

Lawrence J. Spiegel, President

4/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P

DELETE

Hammerstein, Gary
1715 NE 40th Street
FT. Lauderdale, FL 33304

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S

DELETE

Greslik, Rebecca M.
1715 NE 40th Street
FT. Lauderdale, FL 33304

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP

21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP

31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP

41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP

51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP

61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP

71. TITLE 72. NAME 73. STREET ADDRESS 74. CITY-ST-ZIP

81. TITLE 82. NAME 83. STREET ADDRESS 84. CITY-ST-ZIP

91. TITLE 92. NAME 93. STREET ADDRESS 94. CITY-ST-ZIP

101. TITLE 102. NAME 103. STREET ADDRESS 104. CITY-ST-ZIP

111. TITLE 112. NAME 113. STREET ADDRESS 114. CITY-ST-ZIP

121. TITLE 122. NAME 123. STREET ADDRESS 124. CITY-ST-ZIP

131. TITLE 132. NAME 133. STREET ADDRESS 134. CITY-ST-ZIP

141. TITLE 142. NAME 143. STREET ADDRESS 144. CITY-ST-ZIP

151. TITLE 152. NAME 153. STREET ADDRESS 154. CITY-ST-ZIP

161. TITLE 162. NAME 163. STREET ADDRESS 164. CITY-ST-ZIP

171. TITLE 172. NAME 173. STREET ADDRESS 174. CITY-ST-ZIP

181. TITLE 182. NAME 183. STREET ADDRESS 184. CITY-ST-ZIP

191. TITLE 192. NAME 193. STREET ADDRESS 194. CITY-ST-ZIP

201. TITLE 202. NAME 203. STREET ADDRESS 204. CITY-ST-ZIP

211. TITLE 212. NAME 213. STREET ADDRESS 214. CITY-ST-ZIP

221. TITLE 222. NAME 223. STREET ADDRESS 224. CITY-ST-ZIP

231. TITLE 232. NAME 233. STREET ADDRESS 234. CITY-ST-ZIP

241. TITLE 242. NAME 243. STREET ADDRESS 244. CITY-ST-ZIP

251. TITLE 252. NAME 253. STREET ADDRESS 254. CITY-ST-ZIP

261. TITLE 262. NAME 263. STREET ADDRESS 264. CITY-ST-ZIP

271. TITLE 272. NAME 273. STREET ADDRESS 274. CITY-ST-ZIP

281. TITLE 282. NAME 283. STREET ADDRESS 284. CITY-ST-ZIP

14. I do hereby certify that the information supplied on 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 its 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 or changed, or on an attachment, in an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Hammerstein

4-16-97

954-566-6161

Date Daytime Phone #

CR2E034 (9/96)