

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 30 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 # **P95000050974 (1)**

1. Corporation Name
W.H. STARR & ASSOCIATES, INC.

Principal Place of Business 2676 PALM DEER DRIVE LOXAHATCHEE FL 33470	Mailing Address 2676 PALM DEER DRIVE LOXAHATCHEE FL 33470
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13681 YARMOUTH COURT Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 210453 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/29/1995	3a. Date of Last Report 07/08/1996
22 UNIT C City & State		27 ROYAL PALM BEACH, FLORIDA City & State		4. FEI Number 65-0591527	Applied For <input type="checkbox"/> Not Applicable
23 WELLINGTON, FLORIDA Zip		28 ROYAL PALM BEACH FLORIDA Zip		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33414		25 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29 33421		30 U.S.A.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent STARR, WILLIAM H III 2676 PALM DEER DRIVE LOXAHATCHEE FL 33470		10. Name and Address of New Registered Agent 81 Name STARR, WILLIAM H. III 82 Street Address (P.O. Box Number is Not Acceptable) 13681 YARMOUTH COURT 83 UNIT C 84 City WELLINGTON 85 Zip Code FL 33414	
--	--	---	--

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 **William H. STARR III Prox** *William H. Starr III* **7-25-97**
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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STARR, WILLIAM M III		1.2 NAME STARR, WILLIAM H. III	
STREET ADDRESS 2676 PALM DEER DRIVE		1.3 STREET ADDRESS 13681 YARMOUTH COURT, UNIT C	
CITY-ST-ZIP LOXAHATCHEE FL 33470		1.4 CITY-ST-ZIP WELLINGTON, FLORIDA 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input 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 changed, or on an attachment with an address.

SIGNATURE **William H. STARR III Prox** *William H. Starr III* **7-25-97**

CR2E034 (4/97)