FILE NOW: FILING FEE AFTER MAY 1 IS $350.00 Amended

APPROVED AND FILED

97 OCT 17 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000058248

1. Corporation Name

STARBRITE, LTD, INC.
D/B/A PRISM IV

Principal Place of Business	Mailing Address
5436 N.W. 37 TERRACE FT. LAUDERDALE, FL 33309	5436 NW. 37 TERRACE FT. LAUDERDALE, FL. 33309

3. Date Incorporated or Qualified: 7 month OR 8 month OF 1995
3a. Date of Last Report: 1-28-97

2. Principal Place of Business	2a. Mailing Address
21 15 S. CAROL PARKWAY	26 15 S. CAROL PARKWAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MARGATE, FL.	City & State 28 MARGATE, FL.
Zip 24 33068 Country 25 USA	Zip 29 33068 Country 30 USA

4. FEI Number: 65-059-5312 ☐ Applied For ☐ Not Applicable

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
MARC ST. PIERRE 15 S. CAROL PARKWAY MARGATE, FL. 33068	81 Name: CAROLE ST. PIERRE 82 Street Address (P.O. Box Number is Not Acceptable): 15 S. CAROL PARKWAY 83 84 City: MARGATE FL 85 Zip Code: 33068

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: Marc St Pierre — Vice President — 10/2/97
(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	President/T/D/C	☐ DELETE	1.1 TITLE	VICE President/S	☐ Change ☒ Addition
NAME	MARC P. ST. Pierre		1.2 NAME	CAROLE ST. PIERRE	
STREET ADDRESS	15 S CAROL PARKWAY		1.3 STREET ADDRESS	15 S. CAROL PARKWAY	
CITY-ST-ZIP	MARGATE FL 33068		1.4 CITY-ST-ZIP	MARGATE, FL. 33068	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	700002325227--6	
TITLE		☐ DELETE	3.1 TITLE	-10/21/97--01024--001	Addition
NAME			3.2 NAME	*****70.00 *****70.00	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	A. Glaw	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	10/17/97	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Marc St Pierre — President/TREASURER — (954) 975-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #