

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000058379 (5)**

1. Corporation Name
STARPOINT SALES, INC.



Principal Place of Business: **199 SYLVAN DRIVE ATLANTIC BEACH FL 32233**
Mailing Address: **199 SYLVAN DRIVE ATLANTIC BEACH FL 32233**

3. Date Incorporated or Qualified: **07/27/1995** 3a. Date of Last Report

2. Principal Place of Business: **21 1833 North 3rd Street** 2a. Mailing Address: **26 1833 North 3rd Street**

4. FEI Number: **59-3329071** Applied For: Not Applicable:

Suite, Apt. #, etc.: **22 Suite C** Suite, Apt. #, etc.: **27 Suite C**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 Jacksonville Beach, FL** City & State: **28 Jacksonville Beach, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 32250** Country: **25 Duval** Zip: **29 32250** Country: **30 Duval**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**EARDLEY, ELIZABETH H
199 SYLVAN DRIVE
ATLANTIC BEACH FL 32233**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------------|---------------------------------|
| TITLE | DPST | <input type="checkbox"/> DELETE |
| NAME | EARDLEY, ELIZABETH H | |
| STREET ADDRESS | 199 SYLVAN DRIVE | |
| CITY - ST - ZIP | ATLANTIC BEACH FL 32233 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | EARDLEY, ELIZABETH H | |
| STREET ADDRESS | 199 SYLVAN DRIVE | |
| CITY - ST - ZIP | ATLANTIC BEACH FL 32233 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. TITLE | |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth H Eardley* Date: **4/26/96** Daytime Phone #: **(904) 247-7277**

CR2E034 (12/95)