

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

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

City & State: **23 Jacksonville Beach, FL**
27. City & State: **27 Jacksonville Beach, FL**

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

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

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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

CR2E034 (12/95)