
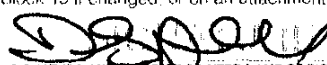


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000071770 (8)</b>			
1. Corporation Name <b>NORTH STAR OF INDIANA, INC.</b> <b>NORTH STAR PLUMBING OF INDIANA, INC.</b>			
Principal Place of Business <b>1111 7TH AVENUE VERO BEACH FL 32960 US</b>		Mailing Address <b>P O BOX 883 VERO BEACH FL 32961-0883 US</b>	
2. Principal Place of Business 21 <b>1131 7th Avenue</b> Suite, Apt. #, etc. 22 <b>Suite B</b> City & State 23 <b>Vero Beach FL</b> Zip 24 <b>32960</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>09/18/1995</b>		3a. Date of Last Report <b>02/05/1996</b>	
4. FEI Number <b>59-3335973</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>ALEX, DONALD 3000 S.E. WAALER STREET STUART FL 34997-2525</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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			
1.1 TITLE <input type="checkbox"/> DELETE			
1.2 NAME <b>P</b>			
1.3 STREET ADDRESS <b>MECKS, RONALD E</b>			
1.4 CITY-ST-ZIP <b>485 38TH AVENUE</b>			
1.5 CITY-ST-ZIP <b>VERO BEACH FL 32968</b>			
2.1 TITLE <input type="checkbox"/> DELETE			
2.2 NAME <b>ST</b>			
2.3 STREET ADDRESS <b>MOBLEY, CRAIG M</b>			
2.4 CITY-ST-ZIP <b>4245 80TH COURT</b>			
2.5 CITY-ST-ZIP <b>VERO BEACH FL 32967</b>			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME <b>V</b>			
3.3 STREET ADDRESS <b>ALEX, DON</b>			
3.4 CITY-ST-ZIP <b>3000 SOUTHEAST WAALER STREET</b>			
3.5 CITY-ST-ZIP <b>STUART FL 34997</b>			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME <b>Donald L. Alex</b>			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME			
6.3 STREET ADDRESS			
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:  <b>Donald L. Alex</b> 4-1-97 561-567-5223			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)