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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000083713 (4)

t am an officer or director of the appears in Block 12 or Block

**SIGNATURE:** 

STARMAN ENTERPRISES, INC.  Principal Place of Business Mailing Address									
10550 HAZEL S LARGO FL 3464	T N	10550 HAZEL ST N LARGO FL 33778-3428							
						3. Date Incorporated or Qualified 10/30/1995		te of Last R 6/1996	eport
2. Principal f	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		h	plied For
21		26 Cuits Ant # ato				59-3339894		<del></del>	t Applicable
Suite, Apt. 22	#, <b>e</b> ic	<b>├</b> ─┐	Suite. Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	le .	City & State				Election Campaign Financing		\$5.00	May Be
23		28	—— ———————————————————————————————————			Trust Fund Contribution		Added t	
<b>Z</b> ip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	untry		This corporation has liability for Florida Statutes		tax under s. No	199.032,
24	25 9. Name and Address of Cur	29  rent Registered Agent	30	Т		10. Name and Address of New Re		T	
IAT9	RMAN, LOUIS		<del></del>	81	Name		<u> </u>	3	111
	O HAZEL ST N			82	Street Art	dress (P.O. Box Number is Not Acceptal	ole)		
	30 FL 34648				0110017101	Joseph Titol Box Tonico Tonico Compiler			
				63			•		
				84	City		FL	<b>85</b> Zip (	Code
11 Pursuant	to the provisions of Sections 607.	0502 and 607 1508. Florida S	Statutes, the a	L	e-named co	poration submits this statement for the	nurnose of	changing it	s registered
office or	registered agent or both, in the St	ate of Florida, Such change a	was authorize 5. Florida Sta	ed by	the corpora	ation's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE	LOUIS F. STARM	AN	0,1101100			11	1-97		
SIGNATURE	Signature, typed or printed name of registere:	l agent and trie if applicable			nt signature req	Night with Leurarand)	DATE		
12.		AND DIRECTORS  DELET	13.			ADDITIONS/CHANGES TO OFFI	JEHS AND	Change	S IN 12 Addition
THILE	P CTADMAN LOUIS E	L.J DELEH		ITLE	ļ			f" ) Change	Addition
NAME	STARMAN, LOUIS F 10550 HAZEL ST N			NAME STREET	ADDRESS				
STREET ADDRESS	LARGO FL 34648								
CITY-SI-ZIP THLE	V DELETE			1.4 CHY-ST-ZIP 2.1 TITLE				☐ Change	Addition
NAME	STARMAN, LINDA K			NAME					
STREET ADDRESS	10550 HAZEL ST N				ADDRESS				
CITY - ST - ZIP	LARGO FL 34648		1		ST-ZIP				
TITLE	ST	☐ DELET		TITLE				Change	Addition
NAME	STARMAN, LAURA E		321	NAME					
STREET ADDRESS	10550 HAZEL ST N		33	STREET	ADDRESS				
CITY-ST-ZIP	LARGO FL 34848			CITY-	ST-ZIP			<del>                                      </del>	
TITLE		☐ DELET	E 4.1	TITLE	ļ			L Change	Addition
NAME				NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CHY-ST-ZIP		- DELCT			ST-ZIP			Change	Addition
TITLE		☐ DELET		TITLE				FTT CHRUBS	FIII VOOIDON
NAME				NAME					
STREET ADDRESS					T ADDRESS				
CITY ST-ZIP		DELET	12020	CITY-! TITLE	ST-ZIP			Change	Addition
TATLE		ביין סנגנו		NAME					
NAME PROFES ASSESSED					T ADDRESS				
STREET ADDRESS					ST-ZIP				
CITY-ST-ZIP					31-71F 1				

14. I do hereby certify that the information supplied with this lying 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 providence of

**FILED** 

Jan 22 1997 8:00am

Secretary of State