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

PROFIT CORPORATION **ANNUAL REPORT**

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

Applied For

Fee Required

Not Applicable

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000021427 (5)**

STAR FISH COMPANY OF CORTEZ, INC.

Principal Place of Business Mailing Address POST OFFICE BOX 1 12306 46TH AVENUE WEST **CORTEZ FL 34215-0001** CORTEZ FL 34215 3. Date Incorporated or Qualified 3a. Date of Last Report 03/05/1996 4. FEI Number 28. Mailing Address Principal Place of Business 65-0645 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27

City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BELL, KAREN L 12306 46TH AVENUE WEST Street Address (P.O. Box Number is Not Acceptable) 82 CORTEZ FL 34215 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 71114 TITLE L BELL KAREN 1.2 NAME NAME TO AVE W 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition 2.1 THLE TITLE 2.2 NAME NAME 2.3 STHEET ADDRESS STREET ADDRESS 2. 4 CITY - \$1 - 7IP CHTY-ST-ZIP Change ___ Addition DELETE 31 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. C/TY-ST-7/P CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 suppliernental 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 ompowered 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 attachnicht with an address. ره الادال