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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

City & State

P96000040785 (3)

City & State

BLOOMSTAR, INC.

Secretary of State

\$5.00 May Be

6. Election Campaign Financing

FILED

Apr 11 1997 8:00am

| Principal Place of Business | Mailing Address | | |
|---|--|--|-----------------------------------|
| 341 11TH STREET ALANTIC BEACH FL 32233 | 341 11TH STREET ALANTIC BEACH FL 32233-5531 | | |
| | | 3. Date incorporated or Qualified 3a. 05/06/1996 | Date of Last Report |
| 2. Principal Place of Business | 2a. Mailing Address | 4. EEI Number | Applied For |
| 21 | 26 | 59-3417065 | Not Applicable |
| Suite, Apt #, etc | Suito, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |

23 Trust Fund Contribution Added to Fees Country Zip Country 8. 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 81 LEPRELL, SAMUEL L 233 EAST BAY STREET 82 Street Address (P.O. Box Number is Not Acceptable) STE 901 BLACKSTONE BLDG. JACKSONVILLE FL 32202 83 64 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

| SIGNATURE | lights included or printed name of maistance agent and little if applicable | (NOTE: Registered Agent signature | required when reinstating) DATE | |
|------------------|---|-----------------------------------|---|---------|
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 2 |
| TILLE | D DE | LETE 1.1 TITLE | Change Ad | ddition |
| NAME | stein, david i. | 1.2 NAME | | |
| STREET ADDRESS | 341 11TH STREET | 1.3 STREET ADDRESS | ' | |
| CHY-ST ZIP | ALANTIC BEACH FL 32233 | 1.4 CITY - ST - ZIP | | |
| RILE | DE | LETE 2.1 TITLE | Change Ad | ddition |
| NAM! | | . 2.2 NAME | | |
| SURFEI ADDRESS | | 2 3 STREET ADDRESS | | |
| CHTY-ST ZIP | | 2 4 CITY+ST-ZIP | | |
| TILE | DE | LETE 3.1 TITLE | Change Ad | ddition |
| NAME | | 3.2 NAME | | |
| STREET ADORESS | | 3.3 STREET ADDRESS | | |
| 011Y+S1+20 | | 3.4. CITY-ST-ZIP | | |
| TIN | DE | LETE 4.1 TITLE | Change Ad | ddition |
| NAME | | 4, 2 NAME | , | |
| STREET ANDRESS | | 4.3 STREET ADDRESS | | |
| CHY-SI-ZIP | | 4.4 CITY - ST - ZIP | | |
| 11°UE | DE | LETE 5.1 TITLE | Change Ad | ddition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| \$11Y-\$1-26 | | 5.4 CITY - ST - ZIP | | |
| THE | □ DE | LETE 61 TITLE | Change Ad | ddition |
| NAME | | 62 NAME | | |
| STREET AUCH: SS | | 6.3 STREET ADDRESS | | |
| 0:1Y - \$1 - 2IP | | 6.4 CITY - ST - ZIP | taked in Contine 110 07/09/3. Elected Statutes Literthey contile that the | |

red nereby 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 endicated 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 procedure 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 it shanged, or on inhaltachment with an address.

0037617