

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

FILED
Jun 09 1997 8:00am
Secretary of State

| | | |
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| PROFIT, CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000057229 (2)
 1. Corporation Name
SOUTHERN STAR, INC.



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|---|--|
| Principal Place of Business 1221 AMBLE LANE, #2 CLEARWATER FL 34615 | Mailing Address 1221 AMBLE LANE, #3 CLEARWATER FL 34615-3605 |
|---|--|

| | |
|---|--|
| 21 2. Principal Place of Business Suite, Apt. #, etc. | 26 2a. Mailing Address Suite, Apt. #, etc. |
| 22 2. Principal Place of Business City & State | 27 2a. Mailing Address City & State |
| 23 2. Principal Place of Business Zip | 28 2a. Mailing Address Zip |
| 24 2. Principal Place of Business Country | 30 2a. Mailing Address Country |

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 07/05/1996 | 3a. Date of Last Report |
| 4. FEI Number 59-3387067 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 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
CHRISTOFFERSON, ROY N
1221 AMBLE LANE, #2
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0202 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 *Roy Christofferson* DATE **6/2/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTOFFERSON, ROY N | 1.2 NAME |
| STREET ADDRESS | 1221 AMBLE LANE, #2 | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | CLEARWATER FL 34615 | 1.4 CITY-ST-ZIP |
| TITLE | DT <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTOFFERSON, PATRICIA C | 2.2 NAME |
| STREET ADDRESS | 1221 AMBLE LANE, #2 | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | CLEARWATER FL 34615 | 2.4 CITY-ST-ZIP |
| TITLE | DV <input checked="" type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FENTON, DAVID F-III | 3.2 NAME |
| STREET ADDRESS | 124-92ND AVENUE | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | TREASURE ISLAND FL 33708 | 3.4 CITY-ST-ZIP |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FENTON, DONNA R | 4.2 NAME |
| STREET ADDRESS | 124-92ND AVENUE | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | TREASURE ISLAND FL 33708 | 4.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

Roy Christofferson
PRESIDENT

CR2E034 (9/96)