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

PROFIT CORPORATION ANNUAL REPORT

1997



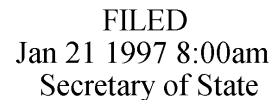
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059509 (5)

STARKEY CONSULTANTS, INC.





Principal Place of Business Mailing Address					T (DESIDENTIAL UND URTUR BUSIN BENIN BRIND BUSIN					
343 ALMERIA AVENUE CORAL GABLES FL 33134		POST OFFICE BOX 1503 BARTOW FL 33831-1503								
						3. Date Incorporated or Qualified 07/16/1996	3a. Da	te of Last	Report	
2. Principal P	Place of Business	28. Mailing Address	28. Mailing Address			······································			Applied For	
21		26						Not Applicable		
Suite, Apt. #, etc.		Suite. Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23		City & State				Election Campaign Financing Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·			
Zip	Country	Zip	Соцг	ntry		8. This corporation has liability for in	ntangible	tax under	s. 199.032,	
24	25	29	30					No _		
	9, Name and Address of Curre	ent Registered Agent		1		10. Name and Address of New Reg	gistered /	igent		
	RILAWYER CHARTERED			81	Name					
	ALMERIA AVENUE		82 Stree			dress (P.O. Box Number is Not Acceptable)				
COH	VAL GABLES FL 33134									
				84	City			85 Zi	p Code	
				-	City		FL	05 2.1	p code	
12.		ND DIRECTORS	13.		nt signature requir	ed when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND			
1 TLE	PSTD	☐ DELETE	1.1 707	ĻĒ				Change	e	
NAME	STARKEY, CHARLES R 343 ALMERIA AVENUE		1.2 NA							
STREET ADDRESS	CORAL GABLES FL 33134				ADDRESS					
CITY-ST-ZIP TITLE	COIVE GADECOTE GOTOT	DELETE	1.4 CH 2.1 TH		-ZIP			Change	B Addition	
NAME			2.2 NA						_	
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TITLE		☐ DELETE	3 1 717					Change	e Addition	
NAME			3 2 NA							
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NAME			4 2 NA		}					
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STREET ADDRESS					ADDRESS					
SINECI AJUNESS			0.0 011	necti Na es	NUMBERS					

14. If 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 9416023417

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