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FLORIDA DEPARTMENT OF STATE

FILED Apr 09 1997 8:00am

JNNA	ANNUAL REPORT 1997		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
 Corporation 	MENT # PS Star Bright, Inc	960000683	342 (0)		E SEENEDE VIZ TENE ENHI TOHU EGIN EDIN	L ESHE SHA! IDDE HIN TIDD	. 1171. 1 4.0 1
Principal Place of Business 2957 SW RSIGHTON WAY PALM BAY FL 34990-6083			g Address W BRIGHTON WAY BAY FL 34990-8083				
City	7	C	ity		3. Date Incorporated or Qualified 08/16/1996	3a. Date of Last R	eport
212957 5	Place of Business SW Brighton	ı Way 26 2		righton Wa	4. FEI Number	Nc	pplied For at Applicable
Suite, Apt 22 PALM	CITY.	27	ite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 /	
City & State	0	<u> </u>	ty&State Palm City	. Fla	Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip '	a. 34990-60 Countr	Zir 29 29 7	alm City	Country Martin		Yes No	. 199.032,
WES 2957	STCOTT, ARTHUR 7 SW BRIGHTON WA MEAY FL 34990-808	Y	o Agent	81 Name 82 Street Ad 2 9 5 7	10. Name and Address of New ReArthur Westcott Idress (P.O. Box Number is Not Acceptal S. W. Brighton Way City,	pie)	Code 990
office of r	registered agent, or bott	tions 607.0502 and 607.1 n, in the State of Florida Scept the obligations of, Se	Such change was au ection 607.0505, Flor	ithorized by the corpor	orporation submits this statement for the ration's board of directors. I hereby access toot t	ournose of changing it	borotoroa a
12.	зіднавіні, турка ограніво напі С	PEFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICE	W-1.11 W	S IN 12
TITLE	D		DELETE	1.5 TOLE		Change	Addition
NAME	Westcott, Arth 2957 SW Brighto		.*	. 1.2 NAME			;
STREET ADDRESS	PALM BAY FL 3499			1.3 STREET ADDRESS			ا پار
CITY - S1 - 7IP	· · · · · · · · · · · · · · · · · · ·	30 0000	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change	Addition
NAME	CITY, FL.			2.2 NAME		المام	- Haunton
STREET ADORESS				2.3 STREET ADDRESS			}
CITY-ST-2IP			The Free	2 4 CHTY - ST - ZIP		·	
TITLE	1		DELETE	3.1 TITLE 3.2 NAME		Change	Addition
NAME STREET ADDRESS				3.3 STREET ADDRESS			
CITY: ST-ZiP	{			3.4. CITY - ST - ZIP			
TITLE			DELETE	4.1 TITLE		☐ Change	Addition
NAME	}			4. 2 NAME			į
STREET ADDRESS				4.3 STREET ADORESS			
COLVEST- 20P			DELETE	4.4 CITY-ST-ZIP 5.3 TITLE		Change	Addition .
TITLE NAME				5.2 NAME		Change	L_] Addition
STREET ADDRESS	}			5.3 STREET ADDRESS			
City - ST- ZIP				5.4 CITY-ST-ZIP			
THEF	}		DELETE	6.1 TITLE		Change	Addition
NAMi]			6.2 NAME			•
STREET ADDRESS	}			6.3 STREET ADDRESS			
City - \$1 - 7IP	<u> </u>			6.4 CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statute		

I have a secure that the information supplies with this iming does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it 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;