## 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 # P96000069476 (5)

STARBURN, INC.

Principal Place of Business

830 N.E. 18TH ST.

SIGNATURE:

Mailing Address

830 N.E. 18TH ST.

## **FILED** May 12 1997 8:00am Secretary of State



FT. LAUDERDALE FL 33305		FT. LAUDERDALE FL (	33305-3804		
		~		3. Date incorporated or Qualified 08/21/1996	3a. Date of Last Report
2. Principal Pia 21 Z 7 5 /	ice of Business & OAKLAND,	Park Mailing Address Suite Apt. #, etc.		4. FEI Number (e5 - 069 0	Applied For Not Applicable
Suite Apt #	, etc	Suite 1pt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	WOLDDAIL	Le 28 State	ME	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Country	8. This corporation has liability for i	
24 333	34 25	29/	30		Yes No
		of Current-Registered Agent	04 11	10. Name and Address of New Re	gisteret Ağent
	CK, MICHAEL		B1 Name	SAME	1
	N.E. 18TH ST.		82 Street A	Address (P.O. Box Number is Not Acceptab	le)
FI. L	AUDERDALE FL 33305		83	SE SHE CAPED,	
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections	607,0502 and 607,1508, Florida St.	atutes, the above-named	corporation submits this statement for the p	urnose of changing its registered
office or re	distered agent, or both, in-	the State of Florida. Such change with obligations of Section 307.0505	as authorized by the corp	oration's board of directors. I hereby accep	ot the appointment as egistered .
	n ramiliar with, and accept	obligations of School 307.0505	Jorida Statutes.	the Rine	1/28/30
SIGNATURE -	stor alumiyond or othered name of re	g-stered agent and this is policable	NOTE: Registered Agent signature	reculing when reinstaling)	DATE
12.	OFFIC	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
THE		☐ DELETE	1.1 TITLE	VP	Change Addition
NAME			1.2 NAME	MICHAEL BLE	<del>د</del> ,
STREET ADDRESS			1.3 STREET ADDRESS	275 E. CAKLAN	Change Addition
DITY-SI-7-P			1.4 CITY-ST-ZIP	ET LAUDERDALE.	FL 33330
TITLE		DELETE	2.1 TITLE	PPST	Change Addition
NAME			2.2 NAME	SANDRA BURNE	77
STREET ADDRESS			2 3 STREET ADDRESS	2459 SW 59 A	<i> </i>
CHY-ST-ZIP			2 4 CITY-ST-ZIP	DAVIE. LL 3	33/4
TITLE		DELETE	31 TITLE		Change Addition
NAME			32 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TILLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		-
CITY-ST-ZIP			4.4 CITY - ST - ZIP		1
TELE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		111 ~ 1 / 1
STREET ADDRESS			5.3 STREET ADDRESS		45/1/10
C/TY - ST - ZIP			5.4 CITY - ST - ZIP		11/9/09/14
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	2000021E	7123
STREET ADDRESS		,	6.3 STREET ADDRESS	30000218 -05/21/97011	10009
CITY-SI-7IP			6.4 CITY-ST-ZIP	***165.00	000
14. I do hereb	y certify that the information	n supplied with this filing does not a	ualify for the exemption s	tated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
information I am an off	n indicated on this annual fo licer or director of the corps	eport or suppliamental annual report	t is true and accurate and powered to execute this r	that my signature shall have the same legal eport as required by Chapter 607, Florida S	il effect as if made under oath; that i