

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

**FILED**

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P96000069476 (5)**

**1. Corporation Name  
STARBURN, INC.**



**Principal Place of Business  
830 N.E. 18TH ST.  
FT. LAUDERDALE FL 33305**

**Mailing Address  
830 N.E. 18TH ST.  
FT. LAUDERDALE FL 33305-3804**

<b>3. Date Incorporated or Qualified</b> 08/21/1996	<b>3a. Date of Last Report</b>
<b>4. FEI Number</b> 65-0690135	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>2. Principal Place of Business</b> 21 <b>275 E OAKLAND PARK BLVD.</b>	<b>26. Mailing Address</b> 27 <b>SAME</b>
<b>22. Suite, Apt. #, etc.</b> 22	<b>27. Suite, Apt. #, etc.</b> 27
<b>23. City &amp; State</b> 23 <b>FT LAUDERDALE, FL</b>	<b>28. City &amp; State</b> 28 <b>SAME</b>
<b>24. Zip</b> 24 <b>33334</b>	<b>29. Country</b> 29 <b>US</b>

**9. Name and Address of Current Registered Agent**  
BLOCK, MICHAEL  
830 N.E. 18TH ST.  
FT. LAUDERDALE FL 33305

<b>81. Name</b> 81 <b>SAME</b>	<b>10. Name and Address of New Registered Agent</b>
<b>82. Street Address (P.O. Box Number is Not Acceptable)</b> 82 <b>275 E OAKLAND PARK</b>	
<b>83.</b>	
<b>84. City</b> 84 <b>FL</b>	<b>85. Zip Code</b>

**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 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** *Michael Block* **MICHAEL BLOCK** 4/28/97  
Signature typed or printed name of registered agent and principal cable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP MICHAEL BLOCK 275 E. OAKLAND PARK BLVD. FT LAUDERDALE, FL 33334</b>
<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PDST SANDRA BURNETT 3459 SW 59 AV DAVIE, FL 33314</b>
<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**300002187123  
-05/21/97--0110--009  
\*\*\*165.00**

**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.**

**SIGNATURE:** *Michael Block* **MICHAEL BLOCK** 4/28/97 954-566-7540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)