


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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90045 033 \*\*\*158.75

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PROFIT CORPORATION; ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000069476**

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

Principal Place of Business 275 E OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334	Mailing Address 275 E OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>BURNETT, SANDRA</b>		26 <b>BURNETT, SANDRA</b>		08/21/1996	
Suite, Apt. #, etc. 22 <b>2122 NW 63 AVE</b>		Suite, Apt. #, etc. 27 <b>2122 NW 63 AVE</b>		4. FEI Number 65-0690135	
City & State 23 <b>MARGATE FL.</b>		City & State 28 <b>MARGATE FL.</b>		Applied For Not Applicable	
Zip 24 <b>33063</b>		Zip 29 <b>33063</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BLOCK, MICHAEL**  
 275 E OAKLAND PARK BLVD.  
 FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name <b>BURNETT, SANDRA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2122 NW 63 AVE</b>
83
84 City <b>MARGATE</b> FL 85 Zip Code <b>33063</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 for 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 607.0506, Florida Statutes.

SIGNATURE: *Sandra Burnett* DATE: **4/26/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>BLOCK, MICHAEL</b>	
STREET ADDRESS <b>275 E OAKLAND PARK BLVD.</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33334</b>	
TITLE <b>PDST</b>	<input type="checkbox"/> DELETE
NAME <b>BURNETT, SANDRA</b>	
STREET ADDRESS <b>3459 SW 59 AV</b>	
CITY-ST-ZIP <b>DAVIE FL 33314</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS <b>2122 NW 63 AVE</b>	
2.4 CITY-ST-ZIP <b>MARGATE, FL 33063</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Sandra Burnett* DATE: **4/26/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)