

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000070878 (9)**

1. Corporation Name
STAR TRAVEL INTERNATIONAL, INC.



Principal Place of Business 2870 HARTLEY ROAD SUITE 101 JACKSONVILLE FL 32257	Mailing Address 2870 HARTLEY ROAD SUITE 101 JACKSONVILLE FL 32257
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3a. Date of Last Report N/A	
21. Suite, Apt. #, etc. SUITE 100		3. Date Incorporated or Qualified 08/26/1996	
22. City & State		4. FEI Number 59-3403042	
23. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. Country		27. City & State	
28. Country		29. City & State	
30. Country		31. City & State	

9. Name and Address of Current Registered Agent WODRICH, MICHAEL A 1301 RIVERPLACE BOULEVARD SUITE 1500 JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WODRICH, MICHAEL A	1.2 NAME	RONALD H. FOSTER
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1500	1.3 STREET ADDRESS	2900 HARTLEY RD.
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	H. BOBBY COTLER
STREET ADDRESS		2.3 STREET ADDRESS	2900 HARTLEY RD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LINDA J. DEAN
STREET ADDRESS		3.3 STREET ADDRESS	2970 HARTLEY RD - #100
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D T S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DONALD L. SMITH
STREET ADDRESS		4.3 STREET ADDRESS	2900 HARTLEY RD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (4/97)