

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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000024716 (7)
1. Corporation Name
DAYSTAR HOMES, INC.

Principal Place of Business 625 NORTH OCEAN BLVD. #723 POMPANO BEACH FL 33062	Mailing Address 625 NORTH OCEAN BLVD. #723 POMPANO BEACH FL 33062
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6278 N FED HWY Suite, Apt. #, etc. 22 SUITE 211 City & State 23 FT LAUDERDALE FL Zip 24 33308		2a. Mailing Address 26 6278 N FED HWY Suite, Apt. #, etc. 27 SUITE 211 City & State 28 FT LAUDERDALE FL Zip 29 33308		3. Date Incorporated or Qualified 03/14/1997	
4. FEI Number 65-074-0450		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. 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					

9. Name and Address of Current Registered Agent MIGLIORE, SANDRA 525 NORTH OCEAN BLVD. #723 POMPANO BEACH FL 33062		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 361 SE 12TH ST. 83 84 City POMPANO BEACH FL 85 Zip Code 33060	
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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 607.0506, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MIGLIORE, SAL	1.2 NAME	MIGLIORE, SAL
STREET ADDRESS	525 NORTH OCEAN BLVD. #723	1.3 STREET ADDRESS	361 SE 12TH STREET
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	VD	2.1 TITLE	VD
NAME	MIGLIORE, SANDRA	2.2 NAME	MIGLIORE SANDRA
STREET ADDRESS	525 NORTH OCEAN BLVD. #723	2.3 STREET ADDRESS	361 SE 12TH ST.
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: SAL MIGLIORE Pres. 2/13/98

CR2E034 (10/97)