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Apr 14 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 # **S20928** (5)

1. Corporation Name
FIVE STAR MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2898 UNIVERSITY DRIVE SUITE 40 CORAL SPRINGS FL 33065 US	PO BOX 8502 CORAL SPRINGS FL 33075-8502 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 12/24/1990	3a. Date of Last Report: 04/16/1996
21 1999 University Dr.	26	4. FEI Number: 65-0232942	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Coral Springs, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33071 / 25 USA	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PORRAS, MARA
2898 UNIVERSITY DRIVE
SUITE 40
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1999 University Drive
83 Suite 400
84 City: Coral Springs FL 85 Zip Code: 33071

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PORRAS, BERTHA M		1.2 NAME		
STREET ADDRESS	2898 UNIVERSITY DRIVE, SUITE 40		1.3 STREET ADDRESS	1999 University Drive, Suite 400	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	PORRAS, BERTHA M		2.2 NAME	PORRAS, ELIAS	
STREET ADDRESS	2898 UNIVERSITY DRIVE, SUITE 40		2.3 STREET ADDRESS	1999 University Drive, Suite 400	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	SC	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	PORRAS, BERTHA M		3.2 NAME		
STREET ADDRESS	2898 UNIVERSITY DRIVE, SUITE 40		3.3 STREET ADDRESS	1999 University Drive, Suite 400	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	PORRAS, BERTHA M		4.2 NAME		
STREET ADDRESS	2898 UNIVERSITY DRIVE, SUITE 40		4.3 STREET ADDRESS	1999 University Drive, Suite 400	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] Vice Pres. 4/3/97 954-753-9099