~~FILE NOW. FILING FEE AFTER MAY 1 IS $225.00~~

CORPORATION ANNUAL REPORT 1994 & 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: STARLETTE ENTERPRISES, INC

DOCUMENT # S76609

Mailing Address: P.O. Box 541646, Merritt Isl, FL 32954

Principal Place of Business: 255 Cove Rd. #2, Merritt Isl, FL 32953

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/26/91	3a. Date of Last Report: 1993
4. FEI Number: 59-3079590	Applied For / Not Applicable
5. Certificate of Status Desired: $8.75	6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes / No	

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LAWRENCE M. LITUS
592 MONTREAL AVE.
MELBOURNE, FL 32935

10. Name and Address of New Registered Agent

81 Name: REED C. CARY
82 Street Address (P.O. Box Number is Not Acceptable): 525 E. STRAWBRIDGE AVE.
83
84 City: MELBOURNE FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Reed C Cary (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE: 1/25/95

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: PRESIDENT	11 TITLE
12 NAME: STARLETTE McROBERTS-CHAPMAN	12 NAME
13 STREET ADDRESS: 340 ALABAMA AVE	13 STREET ADDRESS
14 CITY-ST-ZIP: MERRITT ISL, FL. 32953	14 CITY-ST-ZIP
21 TITLE	21 TITLE: 000001485888 -05/12/95 -01066 -001 ****200.00 ****200.00
22 NAME	22 NAME
23 STREET ADDRESS	23 STREET ADDRESS
24 CITY-ST-ZIP	24 CITY-ST-ZIP
31 TITLE	31 TITLE: 000001485888 -05/12/95 -01066 -002 ****200.00 ****200.00
32 NAME	32 NAME
33 STREET ADDRESS	33 STREET ADDRESS
34 CITY-ST-ZIP	34 CITY-ST-ZIP
41 TITLE	41 TITLE
42 NAME	42 NAME
43 STREET ADDRESS	43 STREET ADDRESS: 5/1/95 MB
44 CITY-ST-ZIP	44 CITY-ST-ZIP
51 TITLE	51 TITLE
52 NAME	52 NAME
53 STREET ADDRESS	53 STREET ADDRESS
54 CITY-ST-ZIP	54 CITY-ST-ZIP: Dissolution remove Duplicate on typographical error.
61 TITLE	61 TITLE
62 NAME	62 NAME
63 STREET ADDRESS	63 STREET ADDRESS
64 CITY-ST-ZIP	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Starlette Chapman STARLETTE CHAPMAN 1/20/95 (407) 453-7932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #