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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S82925 (6)

1. Corporation Name

STAR BAR BREEDERS, INC.

Principal Place of Business

P.O. BOX 1343
NOKOMIS FL 34274-1343

Mailing Address

P.O. BOX 1343
NOKOMIS FL 34274-1343



2. Principal Place of Business

2a. Mailing Address

21 534 18TH STREET

26 534 18TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WEST PALM BEACH

28 WEST PALM BEACH

24 Zip

25 Country

29 Zip

30 Country

33407

USA

33407

USA

9. Name and Address of Current Registered Agent

WILLINGER, SCOTT R.
8180 NW 36 ST
MIAMI FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 must be contained here)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME DININNY, SALLY
STREET ADDRESS 107 W NIPPINO TR
CITY-ST-ZIP NOKOMIS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)