


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

FILED

May 09 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 # V29804 (4) 1. Corporation Name BEACH-BAY HEALTH STAR, INC.			
Principal Place of Business TWO MIRACLE STRIP LOOP SUITE 1 PANAMA CITY BEACH FL 32407		Mailing Address TWO MIRACLE STRIP LOOP SUITE 1 PANAMA CITY BEACH FL 32407-3824	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 2424 LISENBY AVE City & State 23 PANAMA CITY, FLA Zip 24 32405 Country 25 BAY		2a. Mailing Address 26 Suite, Apt. #, etc. 27 2424 LISENBY AVE City & State 28 PANAMA CITY, FLA Zip 29 32405 Country 30 BAY	
3. Date Incorporated or Qualified 04/20/1992		3a. Date of Last Report 04/06/1996	
4. FEI Number 59-3117632		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. Name and Address of Current Registered Agent GRUVER, MICHAEL L 434 MAGNOLIA AVE PANAMA CITY FL 32402-1385		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	AAS <input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PROVINCE, SANDRA G	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1516 GEORGIA AVE	1.2 NAME	
CITY-ST-ZIP	LYNN HAVEN FL 32444	1.3 STREET ADDRESS	
TITLE	A <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME	BELLINGER, VICTORIA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	207 BOCA SHORES DRIVE	2.2 NAME	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408	2.3 STREET ADDRESS	
TITLE	AAS <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	Thelma Van Norman	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2407B Oakley Road	3.2 NAME	
CITY-ST-ZIP	Panama City, Fla. 32405	3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
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.

SIGNATURE: Victoria Bellinger (VICTORIA BELLINGER) 04-28-97 904-914-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)