

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
May 07 1997 8:00 am
Secretary of State

DOCUMENT # **V46939** (7)
1. Corporation Name
AMERISTAR CONTRACTING CORPORATION



Principal Place of Business: **5881 MARGATE BLVD MARGATE FL 33063 US**
Mailing Address: **6265-262 W. SAMPLE RD. CORAL SPRINGS FL 33067-9175 US**

3. Date Incorporated or Qualified: **06/25/1992**
3a. Date of Last Report: **02/06/1996**
4. FEI Number: **65-0343091**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **17856 SIERRA HWY**
Suite, Apt. #, etc.
22
City & State: **CANYON Country, CA**
23
Zip: **91351** Country: **USA**
24 25
26 27
28
29 30

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

9. Name and Address of Current Registered Agent
~~BURGESS, JOSEPH LYMAN, III
2631 NW 63 TERR
MARGATE FL 33063~~

10. Name and Address of New Registered Agent
81 Name: **ROBIN C. BURGESS**
82 Street Address (P.O. Box Number is Not Acceptable): **101308-B N. STATE Rd 7**
83
84 City: **MARGATE** FL 85 Zip Code: **33063**

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: *Robin C Burgess*
Signature typed or printed name of reg. stored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	CEO <input checked="" type="checkbox"/> DELETE
NAME	BURGESS, JOSEPH L, III <i>A/O 10/15/96</i>
STREET ADDRESS	2631 NW 63 TERR
CITY - ST - ZIP	MARGATE FL
TITLE	VDS <input checked="" type="checkbox"/> DELETE
NAME	OGDEN, MARK W. <i>A/O 6/1/96</i>
STREET ADDRESS	2130 NW 62 AVE
CITY - ST - ZIP	MARGATE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robin C. Burgess
1.3 STREET ADDRESS	17856 SIERRA HWY
1.4 CITY - ST - ZIP	CANYON Country, CA 91351
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Robin C Burgess* (Robin C. Burgess)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)