

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 03 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 526721 (6)**

1. Corporation Name  
**STELMAR PROPERTIES, INC.**



Principal Place of Business 5550 NORTH OCEAN DRIVE BLDG 200. APT 11D SINGER ISLAND FL 33404	Mailing Address 5550 NORTH OCEAN DRIVE BLDG 200. APT 11D SINGER ISLAND FL 33404
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/25/1977</b>	3a. Date of Last Report <b>06/25/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1834036</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**9. Name and Address of Current Registered Agent**

**KUTUN, BARRY (MR.)  
 2 SOUTH BISCAYNE BLVD. APT. 3684  
 1 BISCAYNE TOWER  
 MIAMI FL 33131**

**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	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>SEGAL, DAVID</b>	
STREET ADDRESS	<b>ONE WOOD AVE, APT 803</b>	
CITY-ST-ZIP	<b>WESTMOUNT, QC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SEGAL, DAVID</b>	
STREET ADDRESS	<b>ONE WOOD AVE, APT 803</b>	
CITY-ST-ZIP	<b>WESTMOUNT, QC</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SEGAL, STELLA</b>	
STREET ADDRESS	<b>ONE WOOD AVE, APT 803</b>	
CITY-ST-ZIP	<b>WESTMOUNT, QC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KUTUN, BARRY</b>	
STREET ADDRESS	<b>2 S. BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: \_\_\_\_\_ DATE: **09/18/97** 514-932-7773

CR2E034 (4/97)