

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **762250** (9)  
1. Corporation Name  
**STELLA MARIS HOUSE, INC.**

**95 MAR -9 AM 9:11**

Principal Place of Business Mailing Address  
**C/O OFFICE OF HOUSING MANAGEMENT** **C/O OFFICE OF HOUSING MANAGEMENT**  
**3075 NE 35TH AVENUE** **3075 NE 35TH AVENUE**  
**LAUDERDALE LAKES FL 33311** **LAUDERDALE LAKES FL 33311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/17/1982</b>	3a. Date of Last Report <b>04/18/1994</b>
4. FEI Number <b>59-2199601</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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  
**FITZGERALD, PATRICK J.**  
**110 MERRICK WAY**  
**SUITE 2C**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD
NAME	QUINLIVAN, J MARK
STREET ADDRESS	5730 S.W. 74TH ST. S 300
CITY-ST-ZIP	S. MIAMI FL
TITLE	VD
NAME	ABELLO, EUGENE
STREET ADDRESS	3601 NW S RIVER DR
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	CONWAY, LAURENCE
STREET ADDRESS	17775 N BAY RD
CITY-ST-ZIP	MIAMI BCH FL
TITLE	TD
NAME	MCCAUL, MICHAEL
STREET ADDRESS	2251 YUCCA AVE.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D
NAME	STEIBEL, GARY R
STREET ADDRESS	123 NW 6TH AVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Quinlivan 2/16/95 (305) 757-2824  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**Mr. MARK QUINLIVAN - President**