


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **762250** (9)

1. Corporation Name

STELLA MARIS HOUSE, INC.

Principal Place of Business

Mailing Address

C/O OFFICE OF HOUSING MANAGEMENT
3075 NE 35TH AVENUE
LAUDERDALE LAKES FL 33311

C/O OFFICE OF HOUSING MANAGEMENT
3075 NE 35TH AVENUE
LAUDERDALE LAKES FL 33311-1107



3. Date Incorporated or Qualified **06/17/1982** 3a. Date of Last Report **04/25/1996**

| | | | | | | | |
|----------------------------------|---------------|----------------------------------|---------------|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 4740 N. State Road 7 | | 26 4740 N. State Road 7 | | 59-2199601 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 Suite 106 - Bldg. C | | 27 Suite 106 - Bldg. C | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23 Lauderdale Lakes, Fla. | | 28 Lauderdale Lakes, Fla. | | | | | |
| Zip | Country | Zip | Country | | | | |
| 24 33319 | 25 USA | 29 33319 | 30 USA | | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, PATRICK J.
110 MERRICK WAY
SUITE 2C
CORAL GABLES FL 33134

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | QUINLIVAN, J MARK | 1.2 NAME | |
| STREET ADDRESS | 5730 S.W. 74TH ST. S 300 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | S. MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABELLO, EUGENE | 2.2 NAME | |
| STREET ADDRESS | 2736 SW 7TH AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONWAY, LAURENCE | 3.2 NAME | |
| STREET ADDRESS | 17775 N BAY RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BCH FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCAUL, MICHAEL | 4.2 NAME | |
| STREET ADDRESS | 2251 YUCCA AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEIBEL, GARY R | 5.2 NAME | |
| STREET ADDRESS | 123 NW 6TH AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HALLANDALE FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Quinlivan 2/6/97 (305) 757-2824

Date: Davism Phone: 800-245-0000

CR2E037 (9/96)