FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| | JAL REPORT 1998 | Secretary of State DIVISION OF CORPORATIONS | | ONS | Secretary of State |
|---|--|--|-----------------------|-----------------|---|
| DOCU 1. Corporatio | MENT # 762250 | (9) | | | |
| STELLA MARIS HOUSE, INC. | | | | | |
| Principal Plac | e of Business | Mailing Address | | | 1881/1990 11/10 1 |
| 4740 N STATE SUITE 106-BLD LAUDERDALE L US | | 4740 N STATE ROAD 7 SUITE 106-BLDG C LAUDERDALE LAKES FL 33319 US | | | 3. Date Incorporated or Qualified 06/17/1982 4. FEI Number Applied For 59-2199601 Not Applicable |
| 2. Principal Place of Business 2a. Mailing Addres 21 26 | | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| City & Stal | е | City & State | | | 7. Is this nonprofit corporation a homeowners association? |
| Zip | Country 25 | Zip Country 29 30 | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 9. Name and Address of Current Registered Agent | | | | Name | 10. Name and Address of New Registered Agent |
| FITZGERALD, PATRICK J. | | | | <u> </u> | ddress (P.O. Box Number is Not Acceptable) |
| 110 MERRICK WAY Suite 2C | | | 83 | - | |
| CORAL GABLES FL 33134 | | | 84 | City | 85 Zip Code |
| 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation subn | | | | | corporation submits this statement for the purpose of changing its registered |
| 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 nume of registered agent | and title if applicable (NOTE Re | egistered Ag | ent signalure n | equired when reinstating) DATE |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE NAME | PD Quinlivan, J Mark | ☐ DELETE | 1.1 TITLE 1.2 NAME | - [| ☐ Change ☐ Addition |
| STREET ADDRESS | 5730 S.W. 74TH ST. S 300 | | | T ADDRESS | |
| CITY-ST-ZIP | S. MIAMI FL | | 1.4 CITY- | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | ABELLO, EUGENE | | 2.2 NAME | ļ | |
| STREET ADDRESS | 2736 SW 7TH AVE | | 2.3 STREE | T ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | DELETE | 2. 4 CITY | ST-ZIP | Change Addition |
| TITLE NAME | SO Conway, Laurence | □1 NETGIE | 3.1 TITLE 3.2 NAME | | Change Addition |
| STREET ADDRESS | 17775 N BAY RD | | · · | T ADDRESS | |
| CITY-ST-ZIP | MIAMI BCH FL | | 3.4. CITY- | - 1 | |
| TITLE | TD | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCCAUL, MICAHEL | | 4. 2 NAME | | |
| STREET ADDRESS | 2251 YUCCA AVE. | | 4.3 STREE | T ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | DELETE | 4.4 CITY- | ST-ZIP | ☐ Change ☐ Addition |
| TITLE | d Steibel, gary r | L.J DELETE | 5.1 TITLE 5.2 NAME | | LI Change LI Addition |
| NAME STREET ADDRESS | 123 NW 6TH AVE | | | T ADDRESS | |
| City-S1-Zip | HALLANDALE FL | | 5.4 CITY- | | |
| TITLE | a ser yakanan dan kapira ataupan di Be | DELETE | 6.1 TITLE | | Change Addition |
| NAME | • | | 6.2 NAME | | |
| STREET ADDRESS | | | 63 STREE | ADORESS | } |
| CITY-ST-ZIP | | | 6.4 <u>CITY</u> +: | ST-ZIP | |

14. Thereby 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 or on a gracing attachment with an address.

SIGNATURE:

FILED

Feb 17 1998 8:00am