

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90079 039 ****70.00

DOCUMENT # 762250

1. Corporation Name

STELLA MARIS HOUSE, INC.

Principal Place of Business

4740 N STATE ROAD 7
SUITE 106-BLDG C
LAUDERDALE LAKES FL 33319
US

Mailing Address

4740 N STATE ROAD 7
SUITE 106-BLDG C
LAUDERDALE LAKES FL 33319
US



2. Principal Place of Business

21 11440 N. Kendall Drive

2a. Mailing Address

26 11440 N. Kendall Drive

3. Date Incorporated or Qualified

06/17/1982

Suite, Apt. #, etc.

22 Suite E-209

Suite, Apt. #, etc.

27 Suite E-209

City & State

23 Miami, Fla.

City & State

28 Miami, Fla.

Zip

Country

24 33176

25

USA

Zip

Country

29 33176

30

USA

4. FEI Number

59-2199601

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

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

FL

85 Zip Code

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

TITLE PD ☐ DELETE

NAME QUINLIVAN, J MARK

STREET ADDRESS 5730 S.W. 74TH ST. S 300

CITY-ST-ZIP S. MIAMI FL

TITLE VD ☐ DELETE

NAME ABELLO, EUGENE

STREET ADDRESS 2736 SW 7TH AVE

CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME CONWAY, LAURENCE

STREET ADDRESS 17775 N BAY RD

CITY-ST-ZIP MIAMI BCH FL

TITLE TD ☐ DELETE

NAME MCCAUL, MICHAEL

STREET ADDRESS 2251 YUCCA AVE.

CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☐ DELETE

NAME STEIBEL, GARY R

STREET ADDRESS 123 NW 6TH AVE

CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Mark Quinlivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 (305)757-2824
Date Daytime Phone #

CR2E037_ (11/98)