

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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 <b>5550 NORTH OCEAN DRIVE                  BLDG 200. APT 11D                  SINGER ISLAND FL 33404</b>	Mailing Address <b>5550 NORTH OCEAN DRIVE                  BLDG 200. APT 11D                  SINGER ISLAND FL 33404</b>
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DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**  
**02/25/1977**

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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**4. FEI Number**  
**59-1834036**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**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**

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

**SIGNATURE:**  **2/25/98** **561-844-1412**

CR2E034 (10/97)