


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F92361** (7)
1. Corporation Name
STELLAR PROPERTIES OF TITUSVILLE, INC.

Principal Place of Business
**1829 RIVERSIDE DRIVE
TITUSVILLE FL 32780**

Mailing Address
**1829 RIVERSIDE DRIVE
TITUSVILLE FL 32780**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/28/1982		3a. Date of Last Report 07/17/1996	
4. FEI Number 59-2221336		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MUENICH ROBERT J 1829 RIVERSIDE DR TITUSVILLE FL 32780				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 FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE
CITY - ST - ZIP	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME
	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE
	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS
	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Robert J. Muenich* 8-21-97

CR2E034 (4/97)