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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # F97000005356

1. Corporation Name
STELLAR MANAGEMENT INC. OF CLEARWATER

Principal Place of Business	Mailing Address
512 CLEVELAND ST.. #139 CLEARWATER FL 34016	512 CLEVELAND ST.. #139 CLEARWATER FL 34016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 411 Cleveland St. Ste139	2a. Mailing Address 26 411 Cleveland St.
Suite, Apt. #, etc. 22 Ste 139	Suite, Apt. #, etc. 27 Ste 139
City & State 23 Clearwater	City & State 28 Clearwater
Zip / Country 24 33755 25 USA	Zip / Country 29 33755 30 USA

3. Date Incorporated or Qualified: 10/13/1997
4. FEI Number: 58-1740358 ☐ Applied For ☐ Not Applicable
5. Certifcate 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 the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BARNES, GREG
1282 JASMINE WY
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name: Skalski, Joseph C
82 Street Address (P.O. Box Number Is Not Acceptable): 14010 Roosevelt Blvd
83: Ste 708
84 City: Clearwater FL 85 Zip Code: 33762

11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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] JOSEPH C. SKALSKI 4/22/99
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	PDC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, GREG		1.2 NAME	
STREET ADDRESS	1282 JASMINE WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755		1.4 CITY-ST-ZIP	
TITLE	STDC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, DEBRA		2.2 NAME	
STREET ADDRESS	1282 JASMINE WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/8/99 727-461-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #