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.) **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 OCT 31 AM 9: 23 DOCUMENT # H33122 (3) SECRETARY OF STATE FALLAHASSEE, FLORIDA STELLAR MORTGAGE, INC. Principal Place of Business Mailing Address REINSTATEMENT 97 12495 148TH ROAD N 12495 148TH ROAD N PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Date Incorporated or Qualified 3a. Date of Last Report 12/06/1984 02/27/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-2482123 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Vés Vés 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **ELLIOTT, JENNIFER LEE** 12495 148TH ROAD N 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 83 84 City Zip Code 85 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 orbital statutes. TENNIEN UL ELLOTT amend **SIGNATURE** Signature, typ e of registered agent and title if appl (NOTE Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSB ☐ DELETE Addition TITLE 1.1 THLE 700002336807 **ELLIOTT, JENNIFER LEE** NAME 1.2 NAME -11/03/97--01143--017 12495 148TH ROAD N SYNCET ADDRESS 1.3 STREET ADDRESS ****750.00 ****750.00 PALM BEACH GARDENS FL CHTY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE ☐ Change Addition TITLE 2.1 TOTE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 517HLE 5.2 NAM NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHY - \$1 - ZIP DELETE Change Addition TITLE 6.11016 NAME 6.2 NAME STREET ADDRESS 6.3 STRELT ADDRESS 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 make under of 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.

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11.8-97

521-625-0025