

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H37899 (2)
 1. Corporation Name
 STELLA MARIS MARKETING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1100 LEE WAGENER BLVD. SUITE # 319 FT. LAUDERDALE FL 33315
 Mailing Address: 1100 LEE WAGENER BLVD. SUITE # 319 FT. LAUDERDALE FL 33315

3. Date Incorporated or Qualified: 01/15/1985
 4. FEI Number: 65-0433706
 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

2. Principal Place of Business
 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 Suite 354 27 Suite 354
 23 City & State 28 City & State
 24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
 VANCE, ELIZABETH
 1100 LEE WAGENER BLVD.
 SUITE 319
 FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 Suite 354
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIESE, JORG	1.2 NAME	
STREET ADDRESS	1100 LEE WAGENER BLVD, SUITE 319	1.3 STREET ADDRESS	1100 Lee Wagener Blvd, Suite 354
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUHRMANN, GERD	2.2 NAME	
STREET ADDRESS	1100 LEE WAGENER BLVD, SUITE 319	2.3 STREET ADDRESS	1100 Lee Wagener Blvd, Suite 354
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAELING, EBERHARD	3.2 NAME	
STREET ADDRESS	1100 LEE WAGENER BLVD, SUITE 319	3.3 STREET ADDRESS	Foelling, Eberhard 1100 Lee Wagener Blvd, Suite 354
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSKA, PETER	4.2 NAME	
STREET ADDRESS	1100 LEE WAGENER BLVD., SUITE 319	4.3 STREET ADDRESS	1100 Lee Wagener Blvd, Suite 354
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIESE, JOEL	5.2 NAME	
STREET ADDRESS	1100 LEE WAGENER BLVD., SUITE 319	5.3 STREET ADDRESS	1100 Lee Wagener Blvd, Suite 354
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED

CR2E034 (5/98)