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

PROFIT **CORPORATION** ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris 02-19-1999 90007 033 ***150.00

DOCU	MENT # H58844				
i. oo.po.da	IG STELLA, P.A.			ļ	
U. UNA	G STELLA, P.A.				Au
Principal Plac	ce of Business	Mailing Address			<u> </u>
721 NE 3RD A		721 NE 3RD AVE			
FT. LAUDERDALE FL 33304					
US		FT. LAUDERDALE FL 33304 US		DO NOT WRITE IN T	HIS SPACE
		us		3. Date Incorporated or Qualifed	
2 Princinal F	Place of Business	2a. Mailing Address	···-	05/23/1985 4. FEI Number	
21		26		59-2570658	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		_	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25		30	Personal Property Tax.	☐ Yes ☐ No
1	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
STE	LLA, CRAIG C.		81 Name		
	NE 3RD AVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33304			83		
			84 City		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.					
	im familiar with, and accept the obligati	ons or, Section 607.0505, Fiori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	. 1.1 TITLE		☐ Change ☐ Addition
NAME	STELLA, C. CRAIG		1.2 NAME		
STREET ADDRESS	721 NE 3RD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	□ 05: 575	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADORESS		
CITY-ST-ZIP TITLE		□ DELETE	2.4 CITY-ST-ZIP		
NAME		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME	_ · · · - · -	
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 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		
OUTS OF THE			E 0 1 0/7/ 07 7/7		l l

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 trusted expowered 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 attachmate with a process; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ING OFFICER OR DIRECTOR