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CORPORATION **ANNUAL REPORT**

1997

STELLERS, INC.



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # J49609

(7)

FILED Apr 28 1997 8:00am Secretary of State



Principat Place of Business 1409 ATLANTIC BLVD 4817 BANNEADOWS RD JACKSONVILLE FL 32207 US		JACKSONVILLE FL 3220	ž.					
		US				 a. Date of Last Report 05/21/1996 		
2. Principal P	Place of Business	2a. Mailing Address 26 1409 A	Hantie Blud	12/22/1986 4. FEI Number 59-2951857		1	pplied For lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	3. J	5. Certificate of Status Desire	:d 🔲	\$8.75	Additional lequired	
City & State		City & State	City & State		ing	\$5.00 May Bo Added to Fees		
Zip 24	Zip Country 29		Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of Ne	w Registered A	gent		
	Y, SCOTT		81 Name					
) ATLANTIC BLVD KSONVILLE FL 32207		82 Street Adding		ess (P.O. Box Number is Not Acceptable)			
JACI	nountille fl 3220/							
			84 City		FL.	85 Zip	Code	
agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	ligations of, Section 607.0505,	Florida Statutes. XXII: Registered Agent signalure requir	ed when reastaling)	DATE			
12.	OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO				
TITLE NAME	RILEY, SCOTT	L_I DELETE	1.1 TITLE 1.2 NAME		L	Change	Addition	
STREET ADDRESS	1409 ATLANTIC BLVD.		1.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CHY- \$1 - ZIP					
TITLE	DVS	DELETE	2.1 1)TLF	4 47330		Change	Addition	
NAME .	RILEY, ANN M.		2.2 NAME					
STREET ADDRESS	1409 ATLANTIC BLVD. JACKSONVILLE FL		2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	MONOOITIELE I E	☐ DELETE	2 4 CHY+ S1+ ZIP 3 1 THLF			Change	Addition	
NAME		_	3 ? NAME		•			
STREET ADDRESS			3 3 STREET ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3 4. C:TY - ST - 7iP	F - C - C - C - C - C - C - C - C - C -				
TITLE		L. DOLETE	4 + TINLE		Į.	Change	Add tion	
NAME CYPECY ADDRESS			4 2 NAME					
STREET ADDRESS CITY+ST-ZIP			4 3 STREET ADDRESS 4 4 CITY+ST-ZIP					
TITLE		☐ DELETE	5 1 THUE			Change	Addition	
NAME			5 ? NAME					
STREET ADDRESS			5 3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CiTY- \$1 - 7iP			106	- 1220	
TITLE	•	☐ DELETE	61 TITLE		L	Change	Addition	
NAME Street address			6 2 NAME 6 3 STREET ADDRESS					
CITY-ST-ZIP			6.4 C41Y+S1+ZIP					
	by certify that the information ture	had with this films does not a	ratify for too pyonintion etatoo	Lin Section 119 07(3)(i) Florida S	Intuitie I further	Sortify tha	t the	

nal groups from the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the intal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that every frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name lay ment with an address.