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

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

STOLLER NORTHSTAR, INC.

**FILED** May 11 1998 8:00am Secretary of State



9/9-PMM-R TAPICH 91-90-FR-1-MR PROFIN ROOM WHEN THOSE MARKINGUEN THUS		MMIOURAFAERICKX MOTRIEROCKIEGERORKARRICKEREXMOCK BYCHEMICKYROCKX		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
	lace of Business  Yorth Maitland Avenue	26. Mailing Address Post Offic	e Drawer 7540	03/14/1989       4. FEI Number     Applied F       59-2996149     Not Applied	
Suite, Apt.	#, etc.	Suite, Apt. #, etc		CR 75 Addition	
22 Suite		27		5. Certificate of Status Desired Fee Required	
City & State  23 Maitland, Florida		City & State  Maitland, Florida		6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees	
24 327	—	29 32794-7540	<u> </u>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	3
	9. Name and Address of Current			10. Name and Address of New Registered Agent	
NAME AND ASSESSED AND ASSESSED					
11. Pursuant to the provisions of Sections 6)7 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 Aorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and account the obligations of Section 697 0505, Florida Statutes.					
SIGNATURE	Signature, typing a professione of legistered agent	t and wife in applicable (NO	OTE Registered Agent signature rec	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD New Little C	☐ DELETE	1.1 TITLE	L. Change L. Ad	ddition
NAME	STOLLER, WILLIAM S 140 GEM LAKE DR.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	MAITLAND FL 32751		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ļ
TITLE	**************************************	DELETE	2.1 TITLE	☐ Change ☐ Ad	dition
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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 attractment with an address.