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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED

Jan 20 1998 8:00am

Secretary of State

Principal Place of Business 250 \$W MONTEREY RD. \$TUART FL 34994 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1990 2. Principal Place of Business 26 Applied For 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional	ROBER	T C. STELLA, INC.							
Principes Pisce of Business 2s. Mailing Address 4. FET Number 5.0168930 Not Applied For 5.0168930 Not Applied Fo	250 SW MONTEREY RD. 250 SW MONTEREY RD. STUART FL 34994 STUART FL 34994								
2. Principal Plating of Business 22. Mailing Address 25. Mai									
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City & State Ci	21		26			65-0168930		N _i	ot Applicable
Zip Country Zip Country Zip Country 8. Thust Fund Contribution Added to Fees Added to Fees Zip	Suite, Apt. #, etc.				5. Certificate of Status Desired				
Zip Country Zip Country Zip Country St. This corporation owes or has paid the current year intangible Porsonal Property Tax due dues 30 Zip Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Tax Address of New Address of New Registered Agent Tax Address of New Registered Agent Tax Address of New Address of New Address of New Registered Agent Tax Address of New Registered Agent Tax Address of New Address of New Registered Agent Tax Address of New Address of New Registered Agent Tax Address of New Registered Agent Tax Address of New		9							
25		Country		Country					
BASS, DONALD L 7168 SE OSPREY ST. HOBE SOUND FL 33455 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Codo 85 Lip Codo 11. Pursuant to the provisions of Socious 607.05.02 and 607 1508, Forcia Statutes 86 City FL 85 Zip Codo 11. Pursuant to the provisions of Socious 607.05.02 and 607 1508, Forcia Statutes 87 City FL 85 Zip Codo 88 City FL 85 Zip Codo 11. Pursuant to the provisions of Socious 607.05.02 and 607 1508, Forcia Statutes 89 City FL 85 Zip Codo 11. Pursuant to the provisions of Socious 607.05.02 and 607 1508, Forcia Statutes 80 City FL 85 Zip Codo 11. Pursuant to the provisions of Socious 607.05.02 and 607 1508, Forcia Statutes 80 City FL 85 Zip Codo 11. Pursuant to the provisions of Socious 607.05.05 Forcia Statutes 80 City FL 85 Zip Codo 11. Pursuant to the provisions of Socious 607.05.05 Forcia Statutes 80 City FL 85 Zip Codo 81 Statutes 80 City FL 85 Zip Codo 81 Statutes 80 City FL 85 Zip Codo 82 Zip Codo 83 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. City ST JP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. STREAT ADDRESS 85 SEWELLS POINT RD 85 STUART FL 16. Citange Addition 85 STUART FL 16. Change Addition 85 STUART FL 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. STREAT ADDRESS 19. STUART FL 10. Change Addition 19. Change Addit		—	<u>├</u> —┐ `	j					
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1.1 Pursuant to the provisions of Socions 607 0:502 and 607 1:508, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of. Section 607.0506, Florida Statutes Signature Signatu				84	City		FL	_ 85 Zip	Code
No.	office or re agent. I a	ealstered agent, or both, in the State	of Florida, Such change was	authorized by	the corpor	rporation submits this statement for the ation's board of directors. I hereby acceptation	purpose (ept the ap	of changing is pointment as	ts registered registered
TITLE	SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NO	1L: Registered Age	nt signature req	uired when reinstating)	DATE		
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14. Thereby 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 or an attachment with an address.

1/9/190