

CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 FEB 29 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # L89811 (8)
Corporation Name
STELLY-HOVEN, INC.

Principal Place of Business Mailing Address
~~4521 PGA BLVD.~~ #201
PALM BEACH GARDENS FL 33418
US
~~4521 PGA BLVD.~~ #201
PALM BEACH GARDENS FL 33418
US

DO NOT WRITE IN THIS SPACE.

Date incorporated or Qualified: 07/25/1990
Date of Last Report: 01/21/1994
FEI Number: 65-0211631
Certificate of Status Desired: **\$8.75 Additional Fee Required**
 \$5.00 May Be Added to Fees
This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 4521 PGA BLVD. 26 P.O. BOX 30211
Suite, Apt. #, etc. #201 Suite, Apt. #, etc.
22 #201 27
City & State 23 PALM BEACH GARDENS, FL
Zip 24 33420 Country 25 US 29 30

Name and Address of Current Registered Agent: TARR, S.A., 4521 PGA BLVD, #201, PALM BEACH GARDENS FL 33418
Name and Address of New Registered Agent: 81 Name: S.A. TARR
82 (P.O. Box Number is Not Acceptable): 4440 PGA BLVD #206
83
84 City: PALM BEACH GARDENS, FL 85 Zip Code: 33410

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: [Signature] DATE: 2/5/96
NOTE: Registered Agent signature required when re-registering.

OFFICERS AND DIRECTORS		10.
TITLE	DP	1.1 TITLE
NAME	TARR, S.A.	1.2 NAME
STREET ADDRESS	PO BOX 30211	1.3 STREET ADDRESS
CITY-STATE-ZIP	PALM BCH GARDENS FL	1.4 CITY-STATE-ZIP
TITLE		2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0713(1)(a), 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 applicable, on an attachment with an address.

SIGNATURE: [Signature] DATE: 2/5/96 407-622-3386
NEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR