

FILE NOW FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000045361 (1)

1. Corporation Name

STEL'LAR BUILDERS, INC.



Principal Place of Business

259C EAST COMMERCIAL BLVD.  
SUITE 159  
LAUDERDALE BY THE SEA FL 33308

Mailing Address

259C EAST COMMERCIAL BLVD.  
SUITE 159  
LAUDERDALE BY THE SEA FL 33308

2. Principal Place of Business

21 4059 N.E. 5TH TERR.

Suite, Apt. #, etc.

22 OAKLAND PARK FL

City & State

23

Zip

24 33334

Country

25 FLORIDA

2a. Mailing Address

26 4059 N.E. 5TH TERR.

Suite, Apt. #, etc.

27 OAKLAND PARK FL

City & State

28

Zip

29 33334

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

ROYALE MANAGEMENT SERVICES, INC.  
2319 N. ANDREWS AVENUE  
FORT LAUDERDALE FL 33311

3. Date Incorporated or Qualified

06/22/1993

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0420353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(401) Registered Agent Signature (Required if new registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KELLY, JAMES E  
STREET ADDRESS 4059 N E 5TH TERRACE  
CITY - ST - ZIP OAKLAND PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE:

*James E. Kelly, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96 954-563-9955  
DATE (Day, Month, Year) PHONE #

CR2E034 (12/95)