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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000045361**

1. Corporation Name

STELLAR BUILDERS, INC.

Principal Place of Business

**250 NE 3RD AVE
BOCA RATON FL 33432
US**

Mailing Address

**250 NE 3RD AVE
BOCA RATON FL 33432
US**

2. Principal Place of Business

21 499 N.E. 33 STREET

2a. Mailing Address

26 Suite, Apt. #, etc.

22

27

City & State

23 BOCA RATON FLA

City & State

28

Zip

24 33431

Country

25 PALM BEACH

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**JANSSEN, SASKIA
250 NE 3RD AVE
BOCA RATON FL 33432**

3. Date Incorporated or Qualified

06/22/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

SASKIA J. KELLY

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

499 N.E. 33 STREET

83

84 City

BOCA RATON

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 607.0501 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

DP

NAME KELLY, JAMES E

STREET ADDRESS 250 NE 3RD AVE

CITY-ST-ZIP BOCA RATON FL 33432

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

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

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 attachment with all other like empowered.

SIGNATURE:

James E. Kelly

SIGNATURE AND TYPED OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

561-361-0171

Daytime Phone #

CR2E034 (1/98)

0340340

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90008 033 ***150.00



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