Mailing Address

215 N EOLA DRIVE

ORLANDO FL 32801

SUITE A

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400070984

Principal Place of Business

ALTAMONTE SPRINGS FL 32714

247 N WESTMONTE DR

SUITE A

STELLAR COMMUNICATIONS SERVICES, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country 30 Suite, Apt. #, etc. Trust Fund Contribution Added Personal Property Tax. Suite, Apt. #, etc. Trust Fund Contribution Added Trust Fund Contribution Trust Fund Contribution Added Trust Fund Contribution Trust						09/27/1994		
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Zip	¬ ′		28				Added to Fees	
25		Country		Countr	у	8. This corporation owes the current ye	ear Intangible	
THOMPSON, SCOTT C 215 N EOLA DR ORLANDO FL 32801 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 in directors. I hereby accept the appointment at a familiar with, and accept the obligations of, Section 607.6505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in directors. I hereby accept the appointment at a familiar with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE Signature, typed or primer armin of migriatered agent and the if appeacable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-2P DPST: D		25	29	30		Personal Property Tax.	☐ Yes ☐ No	
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215 N EOLA DR ORLANDO FL 32801 83 84 City FL 85 Zip 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 if 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 reagent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or protect name of registered agent and title if applicable. (NOTE: Registered Agent agridure required when reinstalling) DPST DPST DELETE 11.TITLE DPST. DPST. DELETE 11.TITLE DPST. DELETE 11.TITLE DELETE 11.TITLE DELETE 21.TITLE DELETE 21.TITLE DELETE 21.TITLE DELETE 21.TITLE DELETE 31.TITLE DELETE				81	Name			
215 N EULA DR ORLANDO FL 32801 83 84 City FL 85 Zip III. 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 it 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 exponitment as range of the provisions of Sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it 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 exponitment as range of the purpose of purpose of changing it of the provisions of Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or preinted range of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaining) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT TITLE DELETE 1.1 TITLE 1.2 TITLE 1.3 STREET ADDRESS ORTY-ST-2P TITLE 1.3 STREET ADDRESS ORTY-ST-2P 1.4 CRTY-ST-2P 1.5 TITLE 1.5 TI				82	Street Addr	rass (P.O. Boy Number is Not Acceptable)		
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 in office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a supplement of the provisions of Sections 607.0506, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SILVATION TO TREATMENT OF	215 N EOLA DR			02	Street Addi	ress (F.O. DOX Number is Not Acceptable)		
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 if 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 607.6505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if approache. (NOTE: Registered Agent agentare required when reinstating) DATE TITLE DPST PICERNE, ROBERT M 12 NAME 11 TITLE DPST PICERNE, ROBERT M 247 N WESTMONTE DR 13 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 14 CITY-ST-ZIP DELETE 21 TITLE AMME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP DELETE 31 TITLE Change Change Change 41 TITLE AMME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE AMME 41 TITLE AMME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE AMME 53 STREET ADDRESS CITY-ST-ZIP TITLE AMME 54 NAME 55 N	ORL	ANDO FL 32801		83				
11. Pursuant to the provisions of Sections 607 0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing if 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, and formal arminal with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE	•				ļ. <u>.</u>			
11. Pursuant to the provisions of Sections 607 0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it 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 reagent. Jam Armillar with, and accept the obligations of, Section 607, Goods Statutes. SIGNATURE 12.				84	City		85 Zip Code	
12.	agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0305, Flor	nda Statute	s. 			-
DPST			· · · · · · · · · · · · · · · · · · ·		ent signature required			12
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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 ampowered 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, with all other like empowered.

SIGNATURE:

MATURE RECUIRED INTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 199 چرالا</u>

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90007 049 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed