## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morcham

**FILED** 

Feb 25 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000022956 (2)

STELLAR HUMAN RESOURCE & PAYROLL SYSTEMS. INC.

Principal Place of Business Mailing Address 455 LONGBOAT CLUB ROAD, UNIT 305 455 LONGBOAT CLUB ROAD, UNIT 305 LONGBOAT KEY FL 34228-3838 LONGBOAT KEY FL 34228 3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1996 <del>65 40667879</del> 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 071658 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zio Country Zip Country This corporation has liability for injungible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signative: Epoch or printed name of registered agest and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12 13. DELETE Change Addition TITLE 1.1 TITLE GREEN, CAROL B NAME 1.2 NAME 455 LONGBOAT CLUB ROAD, UNIT 305 STREET ADDRESS 1.3 STREET ADDRESS LONGBOAT KEY FL 34228 1.4 CITY - ST - ZIP CITY-S1-ZIP DELETE 2.1 111L€ Change Addition TILLE SD . GREEN, JAMES D 22 NAME NAME 455 LONGBOAT CLUB ROAD, UNIT 305 2.3 STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 2. 4 City-St-ZiP C/1Y - S? - 7/P DELETE Addition Change Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-2IP E-TY-ST-2IP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY - \$1 - 7/P DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP CITY-ST Zer Addition DELETE Change 6.1 TITLE THREE

**6.2 NAME** 

6.3 STREET ADDRESS

64 CITY - ST - ZIP

14. I do 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 3 if changed, or on an attachment with an address.