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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600002056 (2)

1. Corporation Name 1 90000022930 (2)											
STELLAR HUMAN RESOURCE & PAYROLL SYSTEMS, INC.											
Principal Place of Business Mailing Address											
455 LONGBOAT CLUB ROAD. UNIT 305 LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228											
LONGBOAT	MET IL 34820	•	LONGE	OURI NEI FL 342	28			DO NOT WRIT	E IN THIS	SPACE	
ļ								3. Date Incorporated or Qualified			
								03/13/1996			
2. Principal f	Place of Busi	ness	<u> </u>	2a. Mailing Address				4. FEI Number			Applied For
21 Suite Ant # ole				26				65-0667879			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27								5. Certificate of Status Desired			5 Additional
22 27								0.5			Required
23	·-		— ·	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country			Zip					8. This corporation owes or has paid the current year intangible			
24	25		29	29 3		30		Personal Property Tax due June 30. Yes No			
	9. Name	and Address of Cur	ent Registered	Agent				10. Name and Address of New R			
AN.	MERILAWYE	R CHARTERED			8.	Name	9				
343 ALMERIA AVENUE					8:	2 Stree	t Addre	ss (P.O. Box Number is Not Accepta	ble)		
CORAL GABLES FL 33134											
					83	3					
						City			FL	85 Z	ip Code
11. Pursuant	to the provis	ions of Sections 607.0	502 and 607.15	08, Florida Statu	tes, the abov	/e-name	d corpo	ration submits this statement for the		f changing	g its registered
agent. I a	registered ag am familiar wi	ith, and accept the ob	ite of Florida. St igations of, Sec	ich change was tion 607.0505, Fi	authorized b orida Statute	y the co s.	rporatio	ration submits this statement for the n's board of directors. I hereby acce	pt the ap	pointment	as registered
SIGNATURE											
	Signature, typed	or printed name of registered				ent signatu	re required	when reinstating)	DATE		
12.	PTD	OFFICERS A	ND DIRECTOR	DELETE .	13.		1	ADDITIONS/CHANGES TO OFFI	CERS AN		
NAME	–	CAROL B		יין טבנוני .	1.1 TITLE					∐ Chang	e L Addition
STREET ADDRESS			D LIMIT 205		1.2 NAME	Taddress					
CITY-ST-ZIP	LONGBOUT WITH THE ASSESSMENT OF THE ASSESSMENT O				1.4 CITY-						
TITLE	SD	OTT THE TE OTELO		DELETE	2.1 TITLE	21-7H	 			Change	e Addition
NAME	l <u></u>	JAMES D			2.2 NAME						
STREET ADDRESS		NGBOAT CLUB ROA	D. UNIT 305	•	2.3 STREE	T ADDRESS	İ				
CITY - ST - ZIP		DAT KEY FL 34228	•		2. 4 CITY-	ST-ZIP					
TITLE				DELETE	3.1 TITLE					Change	e 🔲 Addition
NAME					3.2 NAME		1				
STREET ADDRESS					3.3 STREE	T ADDRESS					
CITY - ST - ZIP					3.4, CITY-	ST-ZIP					
TITLE				L DELETE	4.1 TITLE					Change	Addition
NAME					4. 2 NAME						
STREET ADORESS					4.3 STREE	T ADDRESS					
CITY-SI-ZIP				[] pro-est : "	4.4 CITY-5	ST-ZIP	4			1 5	P-1
TITLE				DELETE	5.1 TITLE					L. Change	Addition
NAME CTRCET ADDRESS					5.2 NAME		1				
STREET ADDRESS					5.3 STREET						
CITY-ST-ZIP TITLE				DELETE	5.4 CITY - S	ST-ZIP	ļ	·			
NAME				L UELETE ;	6.1 TITLE					L Change	Addition
STREET ADDRESS					6.2 NAME	**********					
CITY-ST-ZIP					6.3 STREET						

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 section of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address. **SIGNATURE:**

FILED

Feb 05 1998 8:00am

Secretary of State