

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90098 039 \*\*\*150.00

DOCUMENT # P96000022956

1. Corporation Name

STELLAR HUMAN RESOURCE & PAYROLL SYSTEMS, INC.

Principal Place of Business

455 LONGBOAT CLUB ROAD, UNIT 305  
LONGBOAT KEY FL 34228

Mailing Address

455 LONGBOAT CLUB ROAD, UNIT 305  
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 48813

22

City & State

27

SARASOTA FLORIDA

23

Zip Country

28

34230 USA

24

Zip Country

29

Zip Country

4. FEI Number

65-0667879

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE - PTD  
NAME GREEN, CAROL B  
STREET ADDRESS 455 LONGBOAT CLUB ROAD, UNIT 305  
CITY-ST-ZIP LONGBOAT KEY FL 34228

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE - SD  
NAME GREEN, JAMES D  
STREET ADDRESS 455 LONGBOAT CLUB ROAD, UNIT 305  
CITY-ST-ZIP LONGBOAT KEY FL 34228

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE -  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE -  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE -  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE -  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 an address, with all other like empowered.

SIGNATURE:

CAROL B GREEN  
President

4-6-99

941 3878240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)