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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90221 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000045344

1. Corporation Name

STELLAR IMAGING, INC.



Principal Place of Business

1740 ALDERMAN ST., SUITE A-1
SARASOTA FL 34236

Mailing Address

1740 ALDERMAN ST., SUITE A-1
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

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

2. Principal Place of Business

21 5403 Ashton Ct

Suite, Apt. #, etc.

22

23 Sarasota, FL

Zip Country

24 34233 25 USA

2a. Mailing Address

26 5403 Ashton Ct

Suite, Apt. #, etc.

27

28 Sarasota, FL

Zip Country

29 34233 30 USA

9. Name and Address of Current Registered Agent

BROWN, DARYL J
1819 MAIN ST., SUITE 1100
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name Stephen E. Nelson

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

5403 Ashton Ct.

83

84 City Sarasota

FL

85 Zip Code

34233

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Stephen Nelson* Stephen Nelson

4/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BROWN, DARYL J
STREET ADDRESS 1819 MAIN ST., SUITE 1100
CITY-ST-ZIP SARASOTA FL 34236

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Stephen E. Nelson
1.3 STREET ADDRESS 5403 Ashton Ct
1.4 CITY-ST-ZIP Sarasota, FL 34233

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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: *Stephen Nelson* Stephen Nelson

4/21/99

941-928-4471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)