PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000074370

STELLAR MARITIME, INC.

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90128 014 ***158.75



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Principal	Place of Business	Mailing Address							
P.O. BOX	30X 330356 P.O. BOX 330356								
ATLANTIC	C BEACH FL 32233-0356 ATLANTIC BEACH FL 32233-03					DO NOT WRITE IN	THIS SE	ACE	
;						3. Date Incorporated or Qualifed			
1	 	<u>~</u> .				08/20/1998			į.
0 0-11-	- I Disco of Business	2a. Mailing Addre				4 FEI Number		Apr	plied For
	pal Place of Business	 				59-352800	573	_ · ·	Applicable
21	<u> </u>	26 Suite, Apt. #,	etc .					\$8.75 A	
	Apt. #, etc.				.	5. Certificate of Status Desired	·	Fee Red	
22 City 8	Ctata	City & State				6. Election Campaign Financing		\$5.00	May Ba
	State	28				Trust Fund Contribution		Added to	
23 Zip	Country				ountry 8. This corporation owes the curr		ear Intanc		
	25	29	30			Personal Property Tax.			04 1 €
24		9. Name and Address of Current Registered Agent				10. Name and Address of New Regis	tered Ag	ent	
	5, Hame and Addies of Carron	t togiote		81	Name				
1	BISBANO, DOMINICK				Classification (D.O. Barrish whose is Net Assentable)				
	1889 BEACH AVE.				82 Street Address (P.O. Box Number is Not Acceptable)				
	ATLANTIC BEACH FL 32233				83				
	,				L				
	!			84	City		FL	85 Zip C	ode
	uant to the provisions of Sections 607.050	2 4 CO7 1500 Florid	to Statutos, the s		-named corno	oration submits this statement for the Durn	ose of cha	l_ anging its	registered
office	or registered agent, or both, in the State.	of Florida, Such chang	ie was authorized	d by i	the corporation	n's board of directors. I hereby accept the	appointm	ient as reç	jistered _
ager	t. I am familiar with, and accept the obliga	tions of, Section 607.0	505, Florida Stat	tutes.	•				ļ
SIGNATI	URE		MOTE: Desire		t signature required	han reinstation)	ATE		
42	Signature, typed or printed name of registered ager	ND DIRECTORS	13,		t signature required	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
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CITY-ST-ZIP 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 rustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 12 or Block 13 if changes, or on an attackment with all other like empowered.

SIGNATURE: