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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 29 1997 8:00am  
Secretary of State

DOCUMENT # **S05868**

(2)

1. Corporation Name

**STELLA JAY BROWN ENTERPRISES, INC.**

Principal Place of Business

**605 YORKTOWN DR  
LEESBURG FL 34748**

Mailing Address

**605 YORKTOWN DR  
LEESBURG FL 34748-9264**

3. Date Incorporated or Qualified

**10/04/1990**

3a. Date of Last Report

**01/31/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-3033565**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CYRUS, ROBERT R.  
214-A N THIRD ST  
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

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

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

**DPS  
BROWN, STELLA JAY  
605 YORKTOWN DR  
LEESBURG FL**

☐ DELETE

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

**DVT  
BROWN, JAMES B. JR  
605 YORKTOWN DR  
LEESBURG FL**

☐ DELETE

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

**DV  
STAMPER, TIM  
1691 ELKHAM BLVD.  
DELTONA FL**

☐ DELETE

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**BV  
MILLS, ROSSI  
2902 SILVER RIDGE DR.  
ORLANDO, FL 32818**

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**DV  
MILLS, KIM WHITE  
2902 SILVER RIDGE DR.  
ORLANDO, FL 32818**

☐ 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 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 13 if changed, or on an attachment with an address.

SIGNATURE: **STELLA JAY BROWN JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97 (352) 787-7004

Date

Daytime Phone

CR2E034 (9/96)