

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 24 AM 7:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S29068

(1)

1. Corporation Name

STELLAR MANAGEMENT, INC.

Principal Place of Business

800 8TH STREET, Suite 101  
2000 RIVERA DRIVE, SUITE 100  
NAPLES FL 33940  
US

Mailing Address

999-9th St. S.  
C/O GOODMAN BREEN & LEE #101  
2000 RIVERA DRIVE, SUITE 100  
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
01/31/1991

3a. Date of Last Report  
04/27/1994

4. FEI Number  
65-0239725

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

2. Principal Place of Business

21 999-9th St. S.

2a. Mailing Address

25 999-9th St. S.

Suite, Apt. #, etc.

22 Suite 101

Suite, Apt. #, etc.

27 Suite 101

City & State

23 Naples, FL

City & State

28 Naples, FL

Zip

24 33940

Country

25 USA

Zip

29 33940

Country

30 USA

9. Name and Address of Current Registered Agent

GOODMAN, KENNETH D. Schmidt, Richard A.  
2000 RIVERA DRIVE - 999-9th St. S., Suite 101  
SUITE 100  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Schmidt, Richard A

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

83 999-9th St. S., Suite 101

84

City Naples

FL

85 Zip Code 33940

11. Pursuant to the provisions of Sections 607.0503 and 607.1503, 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 name and name of registered agent and title (if applicable)

NOTE: Registered Agent signature required when reappointing

4/17/95  
DATE

12. OFFICERS AND DIRECTORS

TITLE DPO  
NAME SCHMIDT, RICHARD A  
STREET ADDRESS 2741 ARDISIA - 999-9th St. S., Ste. 101  
CITY - ST - ZIP NAPLES FL 33940

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☒ Change ☐ Addition

12 NAME 999-9th St. S., Suite 101

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered or trusted 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 duly attested to.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-263-7100

Telephone Number