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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S29068

(1)

STELLAR ASSET MANAGEMENT, INC.

FILED									
Jun	11	1997	8:00am						
Se	cre	etary c	of State						

- 1 CONTINUIS THE PROTES FORTE DOLLAR CLUDE CERT PROTES DEBLE CLOSE DROCK DEBLE CLUBE CONTINUIS CONTINUIS CONT

Principal Place of Business Mailing Address					-				
8889 PELICAN BAY BOULEVARD #401 NAPLES FL 33983 US		8889 PELICAN BAY BOULEVARD #401 NAPLES FL 34108-7512 US							
				3. Date Incorporated or Qualified 01/31/1991	3a. Date 04/03	of Last Report /1996			
2.	Principal Place of Business	2a. Mailing Add	ress			4. FEI Number		Applied For	
21		26				65-0239725		Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. 1	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23	City & State	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	Zip Country 25	Zip 29	30	ountry		This corporation has liability for in Florida Statutes	ntangible ta Yes []		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
4	SCHMIDT, RICHARD A 8889 PELICAN BAY BOULEVARD			81	Street Addres	ss (P.O. Box Number is Not Acceptable			
ı.	#401 NAPLES FL 33963			83	8889 Pe	elican Bay Blvd., #40	01	r :	
4.	Discount to the provisions of Septions 607.00	607-460		84	City Naples		FL	85 Zip Code 34108	

rursuant to the provisions of sections 607.0502 and 607.1508, Horida 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 (NOTE: Registered Agent signature required when reinstaling) FFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **D**ELETE D ☐ Change X Addition TITLE 1.1 1111.6 SCHMIDT, RICHARD A 1.2 NAME Clay O. Winfield NAME 8889 PELICAN BAY BOULEVARD 26 Fairway Dr. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33963 Edwardsville, IL 62025 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change X Addition TITLE 2.1 TITLE NAME 2.7 NAME Robert J. Swiatek STREET ADDRESS 2.3 STREET ADDRESS 26 Oaklawn Drive CITY-ST-ZIP 2 4 CJTY - ST - ZJP Granite City, IL 62040 DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. City-St-ZiP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-2(P DELETE Change Addition TITLE G.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 eath; 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 thehanged, or on an attachment with an address.

SIGNATURE: / K-218

CITY-ST-ZIP

4-30.97

941-566-2233