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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Feb 05 1998 8:00am Secretary of State

DOCUMENT # S72883 (9) STELLAR CAPITAL MANAGEMENT, INC.	
I STELLAN VALUAL MANAGEMENT INC.	
Linkstone at Jeffeld total and a little and a	<b>1</b> 11
Principal Place of Business Mailing Address [100] [100	E II (
9350 S. DIXIE HIGHWAY 9350 S. DIXIE HIGHWAY	
SUITE 900 SUITE 900  MIAM EL 33156 DO NOT WRITE IN THIS SPACE	
MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	<del></del>
08/13/1991	ļ
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied	For
21 26 65-0283269 Not App	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required	
5. C.	
City & State 6. Election Campaign Financing \$5.00 May to 123 Trust Fund Contribution Added to Fee	
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible	
24 25 29 30 Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
PUCK, ROBERT J.  81   Name	
9350 S. DIXIE HIGHWAY  82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 900	
MIAMI FL 33156 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 regis 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 registragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	stered ered
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DP	ddition .
TITLE DP L_I DELETE: \$1.1 TITLE   Change L_IA NAME	idullion
STREET ADDRESS 9350 S. DIXIE HWY 900 1.3 STREET ADDRESS	1
CITY-ST-ZIP MIAMI FL 1,4 CITY-ST-ZIP	
	ddition
NAME BLANK, ANDREW 2.2 NAME	1
STREET ADDRESS 9350 S DIXIE HWY 900 2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 2. 4 CITY-ST-ZIP	
	ddition
NAME PUCK, ROBERT J. 32 NAME	
STREET ADDRESS 9350 S DIXIE HWY 900 3.3 STREET ADDRESS	
CITY-ST-ZIP   MIAMI FL   3.4 CITY-ST-ZIP     Change   A	ddition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	Į
CITY-ST-ZIP 4.4 CITY-ST-ZIP	İ
	ddition
TITLE DELETE 5.1 TITLE Change A	
TITLE         DELETE         5.1 TITLE         Change         A           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP	
TITLE         DELETE         5.1 TITLE         Change         A           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE	ddition
TITLE         DELETE         5.1 TITLE         Change         A           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         62 NAME	
TITLE         DELETE         5.1 TITLE         Change         A           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE	

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 ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

紀号EQUIRED