

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 758077

1. Corporation Name

S.T.L.K., INC.  
( SHRINEERS, TIN LIZZIES, KLOWNS)

Principal Place of Business

Mailing Address

43 N.W. 2nd Street  
Homestead, Fla. 33030

3. Date incorporated or Qualified  
Sept, 29, 1981

3a. Date of Last Report  
1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2240892

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

10. Name and Address of New Registered Agent

Shild & Peterson P.A.  
234 North Krome Ave  
Homestead, Fla 33030

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 617.0502 and 617.1508, 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 617.0503, 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 12

TITLE P  
NAME Harold Mulhauser  
STREET ADDRESS 27445 S.W. 166 Ave.  
CITY-ST-ZIP Homestead, FL 33031

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
 Change  Addition

TITLE S  
NAME Dale Voight  
STREET ADDRESS 35303 S.W. 180th Ave #381  
CITY-ST-ZIP Homestead, FL 33034

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
 Change  Addition

TITLE T  
NAME John H. Lupisell Jr  
STREET ADDRESS 650 N. W. 17th. Court  
CITY-ST-ZIP Homestead, FL 33030

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
 Change  Addition

TITLE D  
NAME Ellis Graham  
STREET ADDRESS 16223 S. W. 108 Ct.  
CITY-ST-ZIP Miami, FL 33157

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
 Change  Addition  
000001778530  
-04/12/96--01061--008  
\*\*\*61.25

TITLE D  
NAME Joseph Borden  
STREET ADDRESS 10200 Hatian Drive.  
CITY-ST-ZIP Miami, FL 33189

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
 Change  Addition

TITLE D  
NAME John Hann  
STREET ADDRESS 8040S. W. 192 Drive  
CITY-ST-ZIP Miami, FL.

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
 Change  Addition

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John H. Lupisell Jr. Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Lupisell Jr. Treas.

Date

Daytime Phone #

4-9-96

305-247-6615

CR2E037 (12/95)

4-12-96 JR