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Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758077 (2)

1. Corporation Name

S.T.L.K., INC.

Principal Place of Business

43 N.W. 2ND STREET
HOMESTEAD FL 33030

Mailing Address

43 N.W. 2ND STREET
HOMESTEAD FL 33030-59243. Date Incorporated or Qualified
09/29/19813a. Date of Last Report
04/12/19964. FEI Number
59-2240892Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHILD, MARVIN
590 ENGLISH AVENUE
HOMESTEAD FL 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 D ☒ DELETE
NAME GRAHAM, ELLIS E
STREET ADDRESS 16223 SW 108TH COURT
CITY-ST-ZIP MIAMI FL1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Jacob F. Karb
1.3 STREET ADDRESS 35250 SW 177 Ct.
1.4 CITY-ST-ZIP Homestead, FL. 33034TITLE D ☒ DELETE
NAME HANN, JOHN F
STREET ADDRESS 8040 SW 192ND DRIVE
CITY-ST-ZIP MIAMI FL2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Anthony Bressi
2.3 STREET ADDRESS 34382 S. W. 187 Ave
2.4 CITY-ST-ZIP Homestead, Florida 33034TITLE D ☒ DELETE
NAME LOGGINS, JOSEPH
STREET ADDRESS 16251 SW 248 ST
CITY-ST-ZIP HNOMESTEAD FL3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Carl Dykes
3.3 STREET ADDRESS 19505 S. W. 304 St
3.4 CITY-ST-ZIP Homestead, Fla. 33030TITLE P ☒ DELETE
NAME VOIGHT, DALE
STREET ADDRESS 35303 SW 180 AVE LOT 381
CITY-ST-ZIP HOMESTEAD FL4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Dale Voight
4.3 STREET ADDRESS 35303 S.W. 180 Ave Lot 381
4.4 CITY-ST-ZIP Homestead, FL.TITLE S ☒ DELETE
NAME TAYLOR, TEDDY D
STREET ADDRESS 27165 SW 144TH AVE
CITY-ST-ZIP HOMESTEAD FL5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Horold Mulhauser
5.3 STREET ADDRESS 27445 S. W. 166 Ave
5.4 CITY-ST-ZIP Homestead, FL. 33031TITLE T ☐ DELETE
NAME LUPISELL, JOHN H
STREET ADDRESS 650 NW 17 CT
CITY-ST-ZIP HOMESTEAD FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 305-31-97

CR2E037 (9/96)