

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED AT 15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:36

DOCUMENT # 758077 (2)
1. Corporation Name
S.T.L.K., INC.

Principal Place of Business Mailing Address
43 N.W. 2ND STREET 43 N.W. 2ND STREET
HOMESTEAD FL 33030 HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/29/1981 3a. Date of Last Report 03/16/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. 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 28 Country 29 Zip 30 Country

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GRAHAM, ELLIS E
STREET ADDRESS 16223 SW 108TH COURT
CITY-ST-ZIP MIAMI FL
TITLE D
NAME HANN, JOHN F
STREET ADDRESS 8040 SW 192ND DRIVE
CITY-ST-ZIP MIAMI FL
TITLE S
NAME FRANCIS, JOHN R
STREET ADDRESS 35250 SW 177TH COURT
CITY-ST-ZIP FLORIDA CITY FL
TITLE D
NAME MORRIS, JAMES
STREET ADDRESS 1701 N. KROME AVENUE
CITY-ST-ZIP HOMESTEAD FL
TITLE P
NAME TAYLOR, TEDDY D
STREET ADDRESS 27165 SW 144TH AVE
CITY-ST-ZIP HOMESTEAD FL
TITLE T
NAME LUPISELL, JOHN H
STREET ADDRESS 650 NW 17 CT
CITY-ST-ZIP HOMESTEAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Joseph Loggins
3.3 STREET ADDRESS 6251 S.W. 248 St.
3.4 CITY-ST-ZIP Homestead, FL.
4.1 TITLE ☒ 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 33034
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME TeddyD Taylor
5.3 STREET ADDRESS 27165 S.W. 144th Ave
5.4 CITY-ST-ZIP Homestead, FL
6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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

John H. Lupisell 3-17-95 305-2476618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed)