

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

23 Zip

24 Country

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

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

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

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

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

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

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

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

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

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

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 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

315-247-6615

CR2E037 (12/95)

4-12-96 JR