

FILE NOW: FILING FEE IS \$61.25

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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33030-5924
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3. Date Incorporated or Qualified 09/29/1981	3a. Date of Last Report 04/12/1996
4. FEI Number 59-2240892	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**SCHILD, MARVIN
590 ENGLISH AVENUE
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GRAHAM, ELLIS E	
STREET ADDRESS 16223 SW 108TH COURT	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HANN, JOHN F	
STREET ADDRESS 8040 SW 192ND DRIVE	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME LOGGINS, JOSEPH	
STREET ADDRESS 16251 SW 248 ST	
CITY-ST-ZIP HOMESTEAD FL	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME VOIGHT, DALE	
STREET ADDRESS 35303 SW 180 AVE LOT 381	
CITY-ST-ZIP HOMESTEAD FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME TAYLOR, TEDDY D	
STREET ADDRESS 27165 SW 144TH AVE	
CITY-ST-ZIP HOMESTEAD FL	
TITLE T	<input type="checkbox"/> DELETE
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 P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Jacob F. Karb	
1.3 STREET ADDRESS 35250 SW 177 Ct.	
1.4 CITY-ST-ZIP Homestead, Fl. 33034	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Anthony Bressi	
2.3 STREET ADDRESS 34382 S. W. 187 Ave	
2.4 CITY-ST-ZIP Homestead, Florida 33034	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Carl Dykes	
3.3 STREET ADDRESS 19505 S. W. 304 St	
3.4 CITY-ST-ZIP Homestead, Fla. 33030	
4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Dale Veight	
4.3 STREET ADDRESS 35303 S. W. 180 Ave Lot 381	
4.4 CITY-ST-ZIP Homestead, Fl.	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Horold Mulhauser	
5.3 STREET ADDRESS 27445 S. W. 166 Ave	
5.4 CITY-ST-ZIP Homestead, Fl. 33031	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** REQUIRED *John A. Lupisell* 3-31-97

CR2E037 (9/96)