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FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified
09/29/1981

4. FEI Number
59-2240892

Applied For	Not Applicable
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 Zip
24 Country	29 Country
25	30

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)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input checked="" type="checkbox"/>
NAME	KARB, JACOB F	
STREET ADDRESS	35250 SW 177 CT	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	BRESSI, ANTHONY	
STREET ADDRESS	34562 SW 187 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	DYKES, CARL	
STREET ADDRESS	19505 SW 304 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	S	<input type="checkbox"/>
NAME	VOIGHT, DALE	
STREET ADDRESS	35303 SW 180 AVE LOT 381	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	MULHAUSER, HOROLD	
STREET ADDRESS	27445 SW 166 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	T	<input type="checkbox"/>
NAME	LUPISELL, JOHN H	
STREET ADDRESS	650 NW 17 CT	
CITY-ST-ZIP	HOMESTEAD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Karb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Karb Jacob F.		
1.3 STREET ADDRESS	35250 S. W. 1;77 Ct.		
1.4 CITY-ST-ZIP	Homestead, FL		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Douglas Bridges		
2.3 STREET ADDRESS	35250 SW 166 Ct.		
2.4 CITY-ST-ZIP	Homestead, FL		
3.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Steven Helms		
3.3 STREET ADDRESS	19500 SW 308 St.		
3.4 CITY-ST-ZIP	Homestead, FL		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Ellis Graham		
5.3 STREET ADDRESS	16223 SW 108 Ct.		
5.4 CITY-ST-ZIP	Miami, FL		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, Treasurer 3-16-98 305-247-6418

CR2E037 (10/97)