

FILE NOW: FILING FEE IS \$61.25

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 <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	P	1.1 TITLE	Karb
NAME	KARB, JACOB F	1.2 NAME	Karb Jacob F.
STREET ADDRESS	35250 SW 177 CT	1.3 STREET ADDRESS	35250 S. W. 1;77 Ct.
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead, FL
TITLE	D	2.1 TITLE	D
NAME	BRESSI, ANTHONY	2.2 NAME	Douglas Bridges
STREET ADDRESS	34562 SW 187 AVE	2.3 STREET ADDRESS	Homestead, FL.
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	P
NAME	DYKES, CARL	3.2 NAME	Steven Helms
STREET ADDRESS	19505 SW 304 ST	3.3 STREET ADDRESS	19500 SW. 308 St.
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	Homestead, FL
TITLE	S	4.1 TITLE	
NAME	VOIGHT, DALE	4.2 NAME	
STREET ADDRESS	35303 SW 180 AVE LOT 381	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	MULHAUSER, HOROLD	5.2 NAME	Ellis Graham
STREET ADDRESS	27445 SW 166 AVE	5.3 STREET ADDRESS	16223 SW 108 Ct.
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	LUPSELL, JOHN H	6.2 NAME	
STREET ADDRESS	650 NW 17 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	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. Lupsell, Treasurer

3-16-98 305-247-6418

CR2E037 (10/97)