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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758077

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2240892	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D	1.1 TITLE	Pres
NAME	KARB, JACOB F.	1.2 NAME	Anthony Bressi Sr.
STREET ADDRESS	35250 SW 177 COURT	1.3 STREET ADDRESS	34562 S.W. 187 Pl.
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead, FL 33034-4532
TITLE	D	2.1 TITLE	D
NAME	BRIDGES, DOUGLAS	2.2 NAME	John Hann
STREET ADDRESS	27320 SW 16TH COURT	2.3 STREET ADDRESS	8940 S. W. 192 Dr.
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	Miami, FL 33157-8828
TITLE	P	3.1 TITLE	D
NAME	HELMS, STEVEN	3.2 NAME	Steven Helms
STREET ADDRESS	19500 SW 308 STREET	3.3 STREET ADDRESS	19500 S.W. 308 St
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	S	4.1 TITLE	D
NAME	VOIGHT, DALE	4.2 NAME	Jose A. Fleites
STREET ADDRESS	35303 SW 180 AVE LOT 381	4.3 STREET ADDRESS	11050 S. W. 128 Ave
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	Miami, FL 33186-4706
TITLE	D	5.1 TITLE	
NAME	GRAHAM, ELLIS	5.2 NAME	
STREET ADDRESS	16223 SW 108 COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	LUPISELL, 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, with all other like empowered.

SIGNATURE: *John H. Lupisell* **SIGNATURE REQUIRED** **John H. Lupisell** 4-6-99 305-247-6618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #