


FILE NOW: FILING FEE IS \$61.25

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Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90047 014 ****61.25

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	
21		26		09/29/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2240892	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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			

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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. Homestead, FL 33034-4532	
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, STEVEN		3.2 NAME	Steven Helms	
STREET ADDRESS	19500 SW 308 STREET		3.3 STREET ADDRESS	19500 S. W. 308 St Homestead, FL 33030	
CITY-ST-ZIP	HOMESTEAD FL		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

0024499
 CR2F037-11199