SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 8:35

DOCUMENT # **F94000004014 (6)**

1. Corporation Name

R.M. STARK & CO., INC.

Principal Place of Business	Mailing Address
701 SE SIXTH AVE. DELRAY BEACH FL 33483	701 SE SIXTH AVE. DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

4. FEI Number: ~~13-2928077~~ 13-3485532 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STARK, GARY L
6437 LAS FLORES DR.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] GARY L. STARK 6-5-95
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	DS	11 TITLE	☒ Change ☐ Addition	
NAME	DRAGGOO, JEANNINE	12 NAME		
STREET ADDRESS	6437 LAS FLORES DR.	13 STREET ADDRESS	DELETE	
CITY-ST-ZIP	BOCA RATON FL 33433	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	☐ Change ☐ Addition	
NAME	WHITE, EDGAR	22 NAME		
STREET ADDRESS	901 LEXINGTON AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021	24 CITY-ST-ZIP		
TITLE	DP	31 TITLE	☐ Change ☐ Addition	
NAME	STARKE, GARY	32 NAME		
STREET ADDRESS	6437 LAS FLORES DR.	33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	☐ Change ☐ Addition	
NAME	DOUGLAS, ALBERT	42 NAME		
STREET ADDRESS	35 E 67TH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	☐ Change ☒ Addition	
NAME	Frank Stark	52 NAME		
STREET ADDRESS	2430 Deercreek CC Blvd #504	53 STREET ADDRESS		
CITY-ST-ZIP	Deercreek, FL 33442	54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] GARY L. STARK 6-5-95 407-243-3871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000034 CP