FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L74318

(1)

STAC HOLDINGS, INC.

L (BB)(B)(B)((B)() B)B(B)B(() B) (1)B(() B)B(() B)() () B)B(() B)B(() B)B(() B)B(() B)B(() B)B(() B)B(()

FILED

Jan 23 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					AKI DIDIK BADIK DIDIK BIDIK BIDIK BIDIK 1881	
NMANLEY H. THALER 700 N. OLIVE AVENUE WEST PALM BEACH FL 33401		%MANLEY H. THALER 700 N. OLIVE AVENUE WEST PALM BEACH FL 33401		DO NOT WRIT	E IN THIS SPACE	
					3. Date Incorporated or Qualified 05/18/1990	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					59-3014656	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		У	This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	Int Registered Agent	8	I Name	10. Name and Address of New H	agistered Agent
	ALER, MANLEY H.		Ľ	INALLIS		
	0 N. OLIVE AVENUE EST PALM BEACH FL 33401		6:	Street A	ddress (P.O. Box Number is Not Accepta	ble)
			8:	3		
			8	City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	utes, the abo	/e-named c	orporation 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, typed or printed name of registered a	cont and tric if each coble	OTE: Booistored A	and pignature	quired when reinstating)	DATE
12.		NO DIRECTORS	13.	Acti e Griore i	ADDITIONS/CHANGES TO OFFI	
TITLE	PO	DELETE	1.1 TITLE			Change Addition
NAME	THALER, MANLEY H.		1.2 NAME			
STREET ADDRESS	700 N. OLIVE AVENUE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-	ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE			Change Addition
NAME	FELDMAN, MARILYN M.		2.2 NAME			
STREET ADDRESS	525 S. FLAGLER DR.		2.3 STREE	T ADDRESS		
CITY+ST-ZIP	WEST PALM BEACH FL		2. 4 CITY			
TITLE	TD ACKED IN THE PERSON	S DELETE	3.1 TITLE		TD	Change Addition
NAME	ASKEW, JEFFBEY 11958 HEMLOCK ST.		3.2 NAME		BILBEN CARROLISOON, FEDERA BOCA RATON, F	(4373)
STREET ADDRESS	PALM BCH GARDENS FL			1 ADDRESS	BOOM RATIO	C 3 > 1/20
CITY-ST-ZIP TITLE	TALM BOTT GATIBLITO TE	☐ DELETE	3.4. CITY- 4.1 TITLE	SI-7IP	DOCH TENTON, F	Change Addition
NAME		C 2222.1	4. 2 NAM	.)		
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			4.4 CITY -			
TITLE		DELETE	5.1 TITLE	-		Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		
CITY-ST-ZIP		Call aloca distance of the call and the call	6.4 CITY-		Continue 440 07/01/2 French Original	Employee 125 short start to
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 cath, 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.						