

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P93000061810**1. Corporation Name

STARK REALITIES, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90093 020 ***150.00



Principal Place of Business Mailing Address						1 19841084 158 (bind till) antil antil ablit antil ablit antil till till till antil	II	
5715 BAYBERRY LN		5715 BAYBERRY LN						
TAMARAC FL 33319		TAMARAC FL 33319				DO NOT WEITE IN THE OPACE		
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	\neg	
						09/03/1993	-	
0 D-11-1D	Land Divisions	2a. Mailing Address				4. FEI Number Applied For	\dashv	
2. Principal Place of Business		— *	— ·			65-0434925 Not Applicab	le	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8,75 Additional		
22		⊢	27			5. Certifcate of Status Desired Fee Required	1	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	\neg	
23		28	28			Trust Fund Contribution Added to Fees	نج ا	
Zip	Country	Zip				8. This corporation owes the current year Intangible		
24	25	29	29 30		Personal Property Tax. ☐ Yes ☐ No		_	
9. Name and Address of Curren		rent Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
	BSTEIN, DAVID R ESQ		. 82		Street Ad	dress (P.O. Box Number is Not Acceptable)		
2765 W CYPRESS CREEK RD								
FT LAUDERDALE FL 33309				83		•		
				84	City	El 85 Zip Code		
44.5		2502 and 507 1509 Florida S	totutos the a	hove	named co	prporation submits this statement for the purpose of changing its registered	\dashv	
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change w	vas authorized	ו עם נ	ıne corpora	ation's board of directors. I hereby accept the appointment as registered		
agent. I a	m-familiar with, and accept the obl	ligations of Section 607.0505	5, Florida Stat	utes.				
SIGNATURE	re, typed or printed name of registered		INCYTE: Bodiétoros	Agan	t rionatura caru	uired when reinstating) DATE	۔ ا	
12		AND DIRECTORS	13.	Agen	i aigilaibre roqu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ફ	
TITLE	D .	☐ DELET			Ţ	Change Addi	ion	
NAME	STARK, JEROME		1.2 N	AME		•		
STREET ADDRESS	5715 BAYBERRY LN		1.3 \$	TREET	ADDRESS		``	
CITY-ST-ZIP	TAMARAC FL 33319		1.4 C	ITY-ST	r•zip		6	
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NAME	STARK, JUNE		2.2 N	AME				
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TITLE		☐ DELET	ΓE 5.1 TI	ΠLE		Change Addi	tion	
NAME			5.2 N	5.2 NAME				
STREET ADDRESS			5.3 S	TREET	ADDRESS		- }	
CITY-ST-ZIP			5.4 C	ITY-57	T-ZIP			
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NAME			6.2 N	AME			1	
STREET ADDRESS			6.3 S	TREET	ADDRESS	•		
l .					I		- 1	

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 607. 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: