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

Mailing Address

#112

7501 N.W. 4TH ST.

PLANTATION FL 33317-2246

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Plane of Buraness

7501 N.W. 4TH ST.

STREET AUDRESS ODY 51-70

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PLANTATION FL 33317

#112



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400062770 (0)

GEORGE L. STALKER, INC.

						08/25/1994	03/2	?9/1996	3	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number				Applied For	
21	26					65-0512527 Not Applica				
Suite Apt. # etc. Suite. Apt. #, etc. 27			(10.70			5. Certificate of Status Desired See Required Fee Required				
Oity & S 23	itate:	City & State	l l i			Election Campaign Financing Trust Fund Contribution				
Ζφ 24	Country 25	Zip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No					
Z.M	9. Name and Address of Cu		17.5			10. Name and Address of New				
W	ACHHOLDER, BARRY L C.P.A.			81 1	Vame					
TEAL NIM ATH OT				82 5	Stroot Addr	dress (P.O. Box Number is Not Acceptable)				
#112					B3					
office o	nd to the provisions of Sections 607 or registered agent, or both, in the S I am familian with, and accept the o	tate of Horida. Such change w	vas authorized	by th	amed corp ne corporati	oration submits this statement for the on's board of directors. I hereby ac	e purpose of cept the appr	changing pintment	g its registered as registered	
SIGNATUR	RE	a agent and talk of applicable	(NOTE Registered	Agent t	signature require	ed when reinstating)	DATE			
12.		AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				ORS IN 12	
TITLE	D	☐ DELETE	11107	LE				Chang	e 🔲 Additio	
NAME:	ATAIDRESS 3300 W. ROLLING HILLS CIRCLE, #208			ME						
STREET ADORES				REET AD	ADDRESS					
CHY-ST ZIE	DAVIE FL		1.4 C/I	IY-ST-Z	IIP					
1016		DELETE	2 1 111	TLE.				Chang	e 🔲 Additio	
NAME:			22 NA	ME						
STREET ADERGO	85		23511	HEET AD	DRESS					

2. 4 CITY-ST-7P

3.3 STREET ADDRESS

4.3 STREET ADDRESS 44 CITY - SI - ZIP

3.4. DITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE 6 2 NAME

54 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETÉ

DELETE

DELETE

DELETE

6.4 CITY - ST - ZIP 14. This hereby certify that the information supplied with this filling 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 other 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 atta ment with an address.

Change

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Change

Addition

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Addition

Addition

FILED

Mar 20 1997 8:00am

Secretary of State

3. Date incorporated or Qualified 3a. Date of Last Report