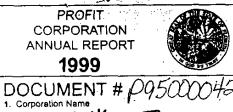
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90035 003 ***150.00

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•	stalker, INC.	. :	·		***		
			ta Like Weller				
Principal Place	of Business	Mailing Address		1111	The second secon		
	10 .m 1446 67						
ירק	oral Springs Fli	, ,		DO NOT WRITE IN THE	S SPACE		
C	mal Springs Fli			3. Date Incorporated or Qualifed			
-	[6-15-95			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 65-6593774	Applied For		
21		26		63 0372174	Not Applicable \$8.75 Additional		
Suite, Apt. :			5. Certificate of Status Desired	Fee Required			
City & State	e	City & State		6, Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year le			
24	25		30	Personal Property Tax. 10, Name and Address of New Registered	Yes No		
	9. Name and Address of Current	Registered Agent	81 Name	10, Name and Address of New Augistered	1 VAgue		
Craic	g Stalker	a standing the stand of the contract	F. W. CO.				
	l	के हैं। इस के किया के किया है। इस के किया के किया है। विकास की किया के किया के किया है। किया के किया के किया के	82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
346	6 pw 14 CT	and the second s	63				
Cos	ral springs FL		84 04		85 Zip Code		
-		* * *	84 City	F1	L 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	poration 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 K (LANG O'TH							
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12		
TILE	D. State of State of	☐ DELETE	1.1 TITLE		Change Addition		
NAME	Craia Stalker		12 NAME	•			
STREET ADDRESS	QUILLING 14 ET	मं विशिधकारिक विशे नाम	100 011 000 1100 1				
CITY-ST-ZIP	- Coral Springs F	1	. 1.4 CH (-SI-ZIP				
TITLE	mark and the second of the second	oba i sa			☐ Change ☐ Addition		
NAME			2.2 NAME				
STREET ADORESS		•	2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADORESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME		,	4. 2 NAME				
STREET ADORESS			.4.3 STREET ADORESS				
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NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			B.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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 artifual 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 repeiverfor 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 attendment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: 1

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