

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED  
AND  
FILED**

1996 AUG 16 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

PROFIT CORPORATION  
ANNUAL REPORT  
1996

DOCUMENT # **P95000059598 (9)**

1. Corporation Name

**STASKA INC.**

**\*AMENDED\***



Principal Place of Business

Mailing Address

**1960 STALLION DRIVE  
LOXAHATCHEE FL 33470**

**1960 STALLION DRIVE  
LOXAHATCHEE FL 33470**

3. Date Incorporated or Qualified

**08/01/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

**STASKA, CAROLE D  
1960 STALLION DRIVE  
LOXAHATCHEE FL 33470**

10. Name and Address of New Registered Agent

81 Name

**DAVID R. STASKA**

82 Street Address (P.O. Box Number is Not Acceptable)

**1960 STALLION DR**

83

84 City

**LOXAHATCHEE**

FL

85 Zip Code

**33470**

11. Pursuant to the provisions of Sections 607.012 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]*

**8-15-96**

12. OFFICERS AND DIRECTORS

TITLE **PVT S D**  DELETE  
NAME **CAROLE D. STASKA**  
STREET ADDRESS **1960 STALLION DR**  
CITY - ST - ZIP **LOXAHATCHEE FL 33470**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE  
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CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PVT S D**  Change  Addition  
12 NAME **DAVID R. STASKA**  
13 STREET ADDRESS **1960 STALLION DR**  
14 CITY - ST - ZIP **LOXAHATCHEE FL 33470**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

**DAVID STASKA**

**8-15-96**

**407-795-2353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (3/96)

*[Handwritten initials]*  
**8/15/96**