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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000038334 (4)

1. Corporation Name

STACKS ENTERPRISES, INC.



Principal Place of Business

~~12570 66TH STREET NORTH #86~~
LARGO FL 34643

Mailing Address

~~12570 66TH STREET NORTH #86~~
~~LARGO FL 34643~~

3. Date Incorporated or Qualified
04/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 6403 109TH AVE N

2a. Mailing Address

26 6403 109TH AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PINELLAS PARK, FL

City & State

28 PINELLAS PARK, FL

Zip

24 33782

Country

25 PINELLAS

Zip

29 33782

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

STACKS, GARY
6510 109TH TERRACE NORTH
PINELLAS PARK FL 34066

10. Name and Address of New Registered Agent

81 Name

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

6403 109TH AVE N

83

84 City

PINELLAS PARK

FL

85 Zip Code

33782

11. Pursuant to the provisions of Sections 607.0502 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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME STACKS, GARY
STREET ADDRESS 6510 109TH TERRACE NORTH
CITY-ST-ZIP PINELLAS PARK FL 34066

TITLE D
NAME STACKS, GLADYS
STREET ADDRESS 6510 109TH TERRACE NORTH
CITY-ST-ZIP PINELLAS PARK FL 34066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 6403 109TH AVE N
1.4 CITY-ST-ZIP PINELLAS PARK, FL 33782

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 6403 109TH AVE N
2.4 CITY-ST-ZIP PINELLAS PARK, FL 33782

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0382380

CR2E034 (9/96)