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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081589 (9)

STARK FAMILY CORPORATION

Principal	Place	of	Business
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FILED Jan 15 1998 8:00am Secretary of State



riii toipai riac	e of busiless	Mailing Address					
944 POINT SEASIDE DRIVE CRYSTAL BEACH FL 34681		P. O. BOX 1007 CRYSTAL BEACH FL 34	P. O. BOX 1007 CRYSTAL BEACH FL 34681		DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualified		
					10/02/1996		
	Place of Business	2a. Mailing Address			4. FEI Number	Α	pplied For
21		26			59-3402479		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	9	Cily & State			6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	Countr 30	a. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. ☐ Yes No			
	9. Name and Address of Curre		100]		10. Name and Address of New Registere		
GA	SSMAN, ALAN S ESQ.	renewa Brasilia da escalibrativa de la compania.	8.	Name		_	
	IS COURT STREET		8:	Ctroot Ad	Idress (P.O. Box Number is Not Acceptable)		
	ITE 102		0.	Sileer Au	idress (r.c. box number is not Acceptable)		
	EARWATER FL		83				
			84	City		85 Zip	Code
dd Discount	- 10 coz or o	20 007 44 00 14 01-1			F	_ , ,	
office or r	egistered agent, or both, in the State	e of Florida. Such change was	authorized b	y the corpor	orporation submits this statement for the purpose ration's board of directors. Thereby accept the ap-	or changing i ppointment as	registered
_	m lamiliar with, and accept the oblig	jations of, Section 607.0505, F	lorida Statute	S.			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title it applicable (NO	H: Registered Ac	en: signa'ure reg	guired when reinstating) [DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR	RS IN 12
TITLE	0	DITETE	1.1 TITLE			Change	Addition
NAME	STARK, RONALD B		1.2 NAME				
STREET ADDRESS	#9 ROSE COURT		1.3 STREE	T ADDRESS			li li
CITY-ST-ZIP	SAUSALITO CA 94965		14 CHY-	S1 - 7/P			<u> </u>
TITLE	D	☐ DELETE	2 1 10 LE	1		☐ Change	Addition 9
NAME	STARK, JOHN R		22 NAME				
STREET ADDRESS	944 POINT SEASIDE DRIVE		23 STACE	1 ADDRESS			
CITY-ST-ZIP	CRYSTAL BEACH FL 34681		2 4 CITY	ST - ZiP		ما ما المجاورة والمساورة	
TITLE		☐ DELFTE	31 TITLE			L.) Change	Addition
NAME			3 2 NAME				
STREET ADDRESS				I ADDRESS			-
City-St-ZiP		Distre	3.4. CITY	ST-ZIP		——————————————————————————————————————	
TITLE		☐ DELETE	4.1 TITLE			Change	L_J Addition
NAME			4. 2 NAM6				
STREET ADDRESS			- 8	T ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY -	ST - ZIP		☐ Change	Addition
TITLE		□ btttig	5.1 TITLE		-	□1 virange	☐ Vanuaria
NAME CTOPET ADDRESS			5.2 NAME	1.40000000			
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY -	SI-ZIP		Change	Addition
TITLE			6.1 TITLE	ĺ		CT change	Addition
NAME CTOCCT ADDRESS			6.2 NAME	TADDRESS]
STREET ADORESS				TADDRESS			-
CITY-ST-ZIP			6.4 CITY	ST-ZIP			

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.