COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # Corporation Name P97000017773

STASKI ENTERPRISES, INC.

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90012 004 ***550.00



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cipal Place of Business Mailing Address							, 19811081 1:0 18411 48817 80111 08111 W		
			AVE. S.W.			,			
BEACH FL 32962		VERO BEACH FL 32962					DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	111113 317	
							02/25/1997		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
			26				65-0737534		Not Applicable
Suite, Apt.	.#, etc.		Suite, Apt. #, etc.					<u> </u>	8.75 Additional
	•	27	27				5. Certificate of Status Desired	Ш	Fee Required
City & Stat	te	City 8	City & State				6. Election Campaign Financing		\$5.00 May Be
		28					Trust Fund Contribution		Added to Fees
Zip	Country	Zip		Cou	intry		8. This corporation owes the current	year	
	25	29		30			Intangible Personal Property.	L Y	
	9. Name and Address of Curre	nt Registered A	gent				10. Name and Address of New Regi	stered Age	nt
STIK	ELETHER, GRAHAM W JR.				81	Name			
	14TH AVE.				82	Street Addr	ess (P.O. Box Number is Not Acceptable))	·, <u></u>
	D BEACH FL 32960								
YLIN	S BLACITIE GESGG				83	í			ĺ
					84	City		F 8	5 Zip Code
					ł		ration submits this statement for the purpo	<u>FL</u>	<u></u>
office or agent. I a NATURE	am familiar with, and accept the obliq	gations of, section	n 607.0505, Fl	orida Stat	utes		on's board of directors. I hereby accept the		int as registered
	Signature, typed or printed name of registered ago				red Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE D	IDECTORS IN 12
		ND DIRECTORS		13.	n =		ADDITIONS/CHANGES TO OFFICE		
	D STASZEWSKI, MICHAEL J		DELETE	1				L	Change Addition
	1425 23RD AVE. S.W.			1.2 NAME 1.3 STREET ADDRESS		ADDRESS			
T ADDRESS	VERO BEACH FL 32962			1.4 CF					
T-ZIP	VERO BEACTIFE 32302		DELETE	2.1 TII		ZIP		<u> </u>	Change Addition
	•		- DEFE IE	2.2 NA		f			Change C Addition
TADDRESS						ADDRESS			
.T-ZIP		Anna		2.4 CI			•		
, r-ZIP			DELETE	3.1 TH	_	ZIF			Change Addition
				3.2 NA	ME			لب	ondings needed.
TADDRESS				- 1		ADDRESS			ĺ
T-ZIP				3.4 CIT	ry-st-	-ZiP			
			DELETE	4.1 TIT					Change Addition
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TADDRESS :				4.3 STI	REET	ADDRESS			
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			DELETE	5.1 TIT	LE				Change Addition
				5.2 NA	ME	}			
FADDRESS				5.3 ST	REET	ADDRESS			İ
r-zip				5.4 CIT	Y-ST-	ZIP			
			DELETE	6.1 TIT	LE				Change Addition
				6.2 NA	ME	}			
^ADDRESS				6.3 STF	REET	ADDRESS			
-ZIP	• •			6.4 CiT	Y-ST-	ZIP			

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 dicated 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 n officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears i Block 12 or Block 13 if changed, or on an attachment with an address.

SNATURE: