

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V20394** (5)

1. Corporation Name

STALOR, INC.



Principal Place of Business

**1068 W. CAMINO REAL
BOCA RATON FL 33486**

Mailing Address

**1068 W. CAMINO REAL
BOCA RATON FL 33486**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**TABRIS, MICHAEL D.
1068 W. CAMINO REAL
BOCA RATON FL 33436**

3. Date Incorporated or Qualified

03/09/1992

3a. Date of Last Report

10/20/1995

4. FEI Number

65-0319382

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

Signature of person submitting this report (if not the registered agent)

Signature of person submitting this report (if not the registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**P
TABRIS, MICHAEL D
5690 AINSLEY CT.
BOYNTON BEACH FL 33437**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VST
TABRIS, KENNETH D
1063 W. CAMINO REAL
BOCA RATON FL 33436**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. TABRIS

4/9/96

762-367-0199

CR2E034 (12/95)