

FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757997 (2)
1. Corporation Name
THE STRANAHAN HOUSE, INC.



Principal Place of Business		Mailing Address	
335 SE 6 AVENUE FT. LAUDERDALE FL 33301 US		STRANAHAN HOUSE INC P.O. BOX 030207 FT. LAUDERDALE 33303 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30

3. Date Incorporated or Qualified	05/12/1981	
4. FEI Number	59-2164225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEGETTE, JANE
NORTHERN TRUST BANK
2601 E OAKLAND PARK BLVD
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name	Millsaps, Joseph	
82 Street Address (P.O. Box Number is Not Acceptable)	Rauch, Weaver, Millsaps Company	
83	871 East Commercial Blvd.	
84 City	Fort Lauderdale	85 Zip Code FL 33334

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Joseph Millsaps, President *[Signature]* 1/8/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLO, WILLIAM J	
STREET ADDRESS	1311 NEWPORT CENTER DRIVE WEST	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEGETTE, JANE	
STREET ADDRESS	2728 NE 19TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOODY, HOLLY	
STREET ADDRESS	2900 E OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALLBERG, STACEY	
STREET ADDRESS	200 E BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SIRIA, TATUM	
STREET ADDRESS	809 S RIO VISTA BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLSAPS, JOE	
STREET ADDRESS	871 EAST COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	President Elect	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Christine Madsen		
3.3 STREET ADDRESS	5237 Northwest 33 Avenue		
3.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33309		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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]* **Joseph Millsaps** 1/8/98 (954) 771-4400
SIGNATURE AND DATE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)