

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90270 004 ****61.25

DOCUMENT # 757997

1. Entity 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 33303-0181
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2164225

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLSAPS, JOSEPH
 RAUCH, WEAVER, MILLSAPS COMPANY
 871 E COMMERCIAL BLVD
 FT. LAUDERDALE FL 33334

Name

MADSEN, CHRISTINE

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

5237 N.W. 33 AVE

City

FT. LAUDERDALE FL

Zip Code

33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Christine Madsen, President

4-27-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D GALLO, WILLIAM J**
 STREET ADDRESS **1311 NEWPORT CENTER DRIVE WEST**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD LEGETTE, JANE**
 STREET ADDRESS **2728 NE-19TH ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P MADSEN, CHRISTINA**
 STREET ADDRESS **5237 NORTHWEST 33 AVE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HALLBERG, STACEY**
 STREET ADDRESS **200 E BROWARD BLVD**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T SIRIA, TATUM**
 STREET ADDRESS **809 S RIO VISTA BLVD.**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P MILLSAPS, JOE**
 STREET ADDRESS **871 EAST COMMERCIAL BLVD.**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christine Madsen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

524-4736

Daytime Phone #

CR2E037 (9/99)