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Feb 20, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L87066**

1. Corporation Name
MELINDA S. STRAUSS, OTR, INC.

Principal Place of Business
 3010 NORTH 34TH STREET
 HOLLYWOOD FL 33021

Mailing Address
 3010 NORTH 34TH STREET
 HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a.	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip/ Country	28	Zip/ Country
25		29	
30			

3.	Date Incorporated or Qualified	07/12/1990
4.	FEI Number	65-0207956
	Applied For	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
8.	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

STRAUSS, MELINDA S.
 3010 NORTH 34TH STREET
 HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRAUSS, MELINDA S.	
STREET ADDRESS	3010 NORTH 34TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STRAUSS, KENNETH J.	
STREET ADDRESS	3010 NORTH 34TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME
3.3	STREET ADDRESS
3.4	CITY-ST-ZIP
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

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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth J. Strauss 1/1/99 954-963-0599

CR2E034 (11/98)