

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000094115 (9)**  
1. Corporation Name  
**STROM, INC.**



Principal Place of Business: **C/O RONALD GOULD  
1110 BRICKELL AVENUE 7TH FLOOR  
MIAMI FL 33131**

Mailing Address: **C/O RONALD GOULD  
1110 BRICKELL AVENUE 7TH FLOOR  
MIAMI FL 33131-9132**

3. Date Incorporated or Qualified: **12/12/1995**      3a. Date of Last Report: **05/31/1996**

4. FEI Number: **65-0648135**      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

2. Principal Place of Business: **9737 NW 41 ST #225**      2a. Mailing Address: **6190 NW 173 ST #620**

21. State, Apt. #, etc.:      26. State, Apt. #, etc.:

22.      27.

23. City & State: **MIAMI FL 33178**      28. City & State: **MIAMI FL**

24. Zip: **33178**      25. Country: **USA**      29. Zip: **33015**      30. Country: **USA**

9. Name and Address of Current Registered Agent:  
**GOULD RONALD  
1110 BRICKELL AVENUE  
7TH FLOOR  
MIAMI FL 33131**

10. Name and Address of New Registered Agent:  
81 Name: **HUBERT WEICHELBAUMER**  
82 Street Address (P.O. Box Number is Not Acceptable): **6190 NW 173 ST #620**  
83  
84 City: **MIAMI**      85 Zip Code: **FL 33015**

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 in 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*      **HUBERT WEICHELBAUMER PRESIDENT**      DATE: **09/24/97**

Signature to be printed name of registered agent if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WEICHELBAUMER, HUBERT</b>	
STREET ADDRESS	<b>1110 BRICKELL AVENUE 7TH FLOOR</b>	
CITY- ST- ZIP	<b>MIAMI FL 33131</b>	
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		
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	

14. I do 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 executor 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 as an officer or director with an address.

SIGNATURE: *[Signature]*      **HUBERT WEICHELBAUMER**      DATE: **4/24/97**      (305) 512-8910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)