


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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90265 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

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

Principal Place of Business: 9737 NW 41 ST #225 MIAMI FL 33178 US  
 Mailing Address: 6190 NW 173 ST #620 MIAMI FL 33015 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6180 NW 173 ST #620 MIAMI FL  
 2a. Mailing Address: 18520 NW 67TH AVE #202 MIAMI FL  
 23. City & State: MIAMI FL  
 29. City & State: MIAMI FL  
 24. Zip: 33015  
 25. Country: USA  
 29. Zip: 33015  
 30. Country: USA

3. Date Incorporated or Qualified: 12/12/1995  
 4. FEI Number: 65-0648135  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
 WEICHELBAUMER, HUBERT  
 6190 NW 173 ST #620  
 7TH FLOOR  
 MIAMI FL 33015

10. Name and Address of New Registered Agent  
 61 Name: HUBERT WEICHELBAUMER  
 62 Street Address: 6180 NW 173 ST #603  
 63  
 64 City: MIAMI FL 65 Zip Code: 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 to 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 filing this filing and registration with the Florida Department of State, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when re-filing) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WEICHELBAUMER, HUBERT	1.1 TITLE	PD HUBERT WEICHELBAUMER
NAME	WEICHELBAUMER, HUBERT	1.2 NAME	HUBERT WEICHELBAUMER
STREET ADDRESS	1110 BRICKELL AVENUE 7TH FLOOR	1.3 STREET ADDRESS	6180 GIBON NW 173 ST #603
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	MIAMI FL 33015
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in an attachment with an address.

SIGNATURE: *[Signature]* HUBERT WEICHELBAUMER 04/11/98 (305) 439-4649  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0127038

CR2004 (10/97)