

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90014 033 ****61.25

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DOCUMENT # 757997

1. Corporation Name

THE STRANAHAN HOUSE, INC.

Principal Place of Business

335 SE 6 AVENUE
FT. LAUDERDALE FL 33301
US

Mailing Address

STRANAHAN HOUSE INC
P.O. BOX 030207
FT. LAUDERDALE 33303
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/12/1981

4. FEI Number

59-2164225

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

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 D ☐ DELETE

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

TITLE PD ☐ DELETE

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

TITLE P ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE T ☐ DELETE

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

TITLE P ☐ 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 MAR 99

Date

9543244736

Daytime Phone #

CR2E037 (1/98)