| DOCUMENT # 576359 (4) STRAUSS AND WASSINER, INC. Maing Address accord Place of Business accord Place of Busines accor | COF | PROFIT RPORATION JAL REPORT 1997 | | Sandra E Secreta | RTMENT OF STATE 3. Mortham Iry of State CORPORATIONS | Mar 03 Secret | 1997 8: ary of S | |
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| Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under a. 198.032, Pitods Statures 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent WASSNER, UNDA SS07 PPING ROCK DR. 81 81 Name BOYNTON BCH. FL 33437 81 Street Address (P.O. Box Number is Not Acceptable) 83 94 Cay 82 94 Cay 82 Street Address (P.O. Box Number is Not Acceptable) 83 94 Cay 83 94 Cay 83 20 Code 94 Cay 83 20 Code 95 Cay 84 Street Address (P.O. Box Number is Not Acceptable) 96 Cay 92 20 Code 97 Cay 100 Street Address (P.O. Box Number is Not Acceptable) 98 Cay 100 100 99 Cay 100 Street Address (P.O. Box Number is Not Acceptable) 90 Cay 110 110 90 Cay 120 120 90 Cay 120 120 90 Cars 120 120 90 < | City & State | 0 | C C | City & State | | | \$5.00 | May Be |
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| Pursuant to the provisions of Soctons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent or the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or registered agent or registered agent or registered agent or the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or registered agen | | | 7 | | 82 Street Add | fress (P.O. Box Number is Not Acceptat | ole) | |
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| 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name | Pursuant office or r agent 1 a SNATURE E E E ADDRESS - ST-ZIP E E E ADDRESS - ST-ZIP E E E ADDRESS - ST-ZIP E E E ADDRESS - ST-ZIP E E E E ADDRESS - ST-ZIP E E E E E ADDRESS - ST-ZIP E E E E E E ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E | to the provisions of Secth egistered agent, or both, in familiar with, and acco Signature, typed or photed hame OF VTS WASSNER, LINDA 5307 PIPING ROCK BOYNTON BCH. FL P STRAUSS, MADELY 887 BUTTONWOOD | ons 607.0502 and 607 in the State of Florida spt the obligations of S of registered agent and the if a FICERS AND DIRECT (DR. | pplicable (NOT ORS DELETE DELETE DELETE | B4 City es, the above-named conducthorized by the corporatorida Statutes. E: Registered Agent signature required as a statute of the corporatorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME | uired when reinstating) | | s registered registered S IN 12 Addition Addition |