

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001179 (9)

1. Corporation Name

AMERICAN STRIKE, INC.



Principal Place of Business

2058-C E. EDGEWOOD DR.
LAKELAND FL 33803

Mailing Address

2058-C E. EDGEWOOD DR.
LAKELAND FL 33803

3. Date Incorporated or Qualified 03/13/1995
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2222 S. COMBEE RD

27 2222 S. COMBEE RD

City & State

City & State

23 LAKELAND, FL

28 LAKELAND, FL

Zip

Country

Zip

Country

24 33801-8004

25 USA

29 33801-8004

30 USA

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARK, SANG I
2058-C E. EDGEWOOD DR.
LAKELAND FL 33803

81 Name

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

83 2222 SOUTH COMBEE RD

84

City LAKELAND

FL

85

Zip Code 33801

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 firm, if applicable. (NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE POST ☐ DELETE

NAME PARK, SANG I
STREET ADDRESS 3123 JULIA STREET
CITY-ST-ZIP LAKELAND FL

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☒ DELETE

NAME SMITH, ROBERT C
STREET ADDRESS 1931 HIGH GLEN CT S.
CITY-ST-ZIP LAKELAND FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME YOU, KYUNG A
STREET ADDRESS P.O. BOX 5963 N/A
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96 (94)665-8815
DATE DAY/MONTH/YEAR TELEPHONE NUMBER

CR2E034 (12/95)