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Feb 24 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 # F95000001199 (7)

1. Corporation Name
STRACHAN & HENSHAW, INC.

Principal Place of Business
100 RIALTO PLACE, #212
MELBOURNE FL 32901

Mailing Address
100 RIALTO PLACE, #212
MELBOURNE FL 32901-3074

3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report 01/30/1996
4. FEI Number 54-1605530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent FALLACE, JAMES H 1900 S. HICKORY ST. MELBOURNE FL 32901	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVE, K E	1.2 NAME	
STREET ADDRESS	52 PARK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	THORNBURY BRISTOL AVON B512 -1HR	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, M J	2.2 NAME	
STREET ADDRESS	19 HIGH VIEW, PORTISHEAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL B520 8PF UK	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUHLE, J G	3.2 NAME	
STREET ADDRESS	7A VENETIAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, M W	4.2 NAME	
STREET ADDRESS	MARSUJESTA 11 BROOKSIDE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FARMBOROUGH NR B ASH BA3 1 A	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UJHELY, R J	5.2 NAME	
STREET ADDRESS	285 CANAL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM MA 01970	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENTLAND, W	6.2 NAME	
STREET ADDRESS	285 CANAL ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM MA 01970	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 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: *John G. Puhle* (John G. Puhle, Secretary) 2/17/97 (407) 952-0116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)