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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # F9600002219 (1)

## FILED Apr 14 1998 8:00am Secretary of State

THE STRICKLAND COMPANIES, INC. OF TN. 1 JAHAR 114 JAJA 114 ALK 114 JAJA 144 ALK 114 JAJA 146 ALK JAJ Principal Place of Business Mailmo Address 3741 NE 163RD ST #292 3741 NE 163RD ST #292 N MIAMI BCH FL 33160 N MIAMI BCH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 58-2155015 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc 8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 Zip Country 8. This corporation owes or has paid the current year Intangible Zφ 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent STRICKLAND, RODNEY A 3741 NE 163RD ST #292 82 N MIAMI BCH FL 33160 83 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 Florid I. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia with, and accept the judget of Section 607 0505, Florida State is.

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE Change Addition TITLE STRICKLAND, RODNEY A 1.2 NAME NAME 1402 KENNEDY CAUSEWAY #163 STREET ADDRESS 1.3 STREET ADDRESS N BAY VILLAGE FL 33141 14 City-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME STRICKLAND, MICHAEL C 2.2 NAME 1402 KENNEDY CAUSEWAY #163 STREET ADDRESS 2.3 STREET ADDRESS N BAY VILLAGE FL 33141 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change NUME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TIFLE MAAR 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 poent 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 received uses the state empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing an appear of the state of th

Block 12 or Block

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