

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90042 024 ***150.00

DOCUMENT # F96000004668

1. Corporation Name
STRADUM, INC.



Principal Place of Business
4001 TAMiami TRAIL NORTH
SUITE 390
NAPLES FL 34103-3555
US

Mailing Address
4001 TAMiami TRAIL NORTH
SUITE 390
NAPLES FL 34103-3555
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/12/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		34-1216901	
24		29		5. Certificate of Status Desired	
25		30		Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

KOESEL, CAROL J
4001 TAMiami TRAIL NORTH SUITE 390
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	Assistant Corporate Secretary
NAME	STRANAHAN, DUANE JR	1.2 NAME	Judith K. John
STREET ADDRESS	4001 TAMiami TRAIL NORTH SUITE 390	1.3 STREET ADDRESS	4001 Tamiami Trail North Suite 390
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples FL
TITLE	SDT	2.1 TITLE	
NAME	KOESEL, CAROL J	2.2 NAME	
STREET ADDRESS	4001 TAMiami TRAIL NORTH SUITE 390	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VC	3.1 TITLE	
NAME	STRANAHAN, MICHAEL	3.2 NAME	
STREET ADDRESS	4001 TAMiami TRAIL NORTH SUITE 390	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: *Judith K. John*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99 941-643-5225
Date Daytime Phone #

CR2E034 (1/98)