

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90001 044 ***550.00

DOCUMENT # F98000000363

1. Corporation Name

STRUTEL INTERNATIONAL CORPORATION

Principal Place of Business
9495 BLIND PASS ROAD #1107
ST PETE BEACH FL 33706

Mailing Address
9495 BLIND PASS ROAD #1107
ST PETE BEACH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1998

4. FEI Number

APPLIED FOR 65-0806343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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. ☐ Yes ☒ No

2. Principal Place of Business

21 1 BEACH DR SE - #220

Suite, Apt. #, etc.

22

City & State

23 ST. PETERSBURG, FL

Zip

24 33701

Country

25 USA

2a. Mailing Address

26 1 BEACH DR SE - #220

Suite, Apt. #, etc.

27

City & State

28 ST. PETERSBURG, FL

Zip

29 33701

Country

30 USA

9. Name and Address of Current Registered Agent

JAENSON, P. CHISTOPHER
3400 S. TAMAMI TRAIL STE 303
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

THOMAS C. ROBERGE

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

1 BEACH DR SE - SUITE 220

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33701

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 **THOMAS ROBERGE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

THOMAS ROBERGE 8/26/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **NEITZKE, PETER**
STREET ADDRESS **9495 BLIND PASS ROAD #1107**
CITY-ST-ZIP **ST PETE BEACH FL**

TITLE **V** ☐ DELETE

NAME **UCKERT, MARCO**
STREET ADDRESS **9495 BLIND PASS ROAD #1107**
CITY-ST-ZIP **ST PETE BEACH FL**

TITLE **S** ☐ DELETE

NAME **NEITZKE, KARIN**
STREET ADDRESS **9495 BLIND PASS ROAD #1107**
CITY-ST-ZIP **ST PETE BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **NEITZKE, PETER**
1.3 STREET ADDRESS **9495 BLIND PASS ROAD #1107**
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **UCKERT, MARCO**
2.3 STREET ADDRESS **1 BEACH DR SE - #220**
2.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

3.1 TITLE **S** ☒ Change ☐ Addition

3.2 NAME **NEITZKE, KARIN**
3.3 STREET ADDRESS **1 BEACH DR SE - #220**
3.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

NEITZKE, PETER (PRES)

8/26/99 (727) 822-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)