FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G32986** **(3)**

1. Corporation Name

STRELKOW ASSOCIATES, INC.

Principal Place of Business

4839 SW 148TH AVE.
#502
DAVIE FL 33330
US

Mailing Address

4839 SW 148TH AVENUE
502
DAVIE FL 33330
US

3. Date Incorporated or Qualified: **04/13/1983**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2295656** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 2053 SW 51 ST.
22
23 Ft Lauderdale, FL
24 33332 25 Broward

Zip / Country

2a. Mailing Address

26
27
28
29 30

Zip / Country

9. Name and Address of Current Registered Agent

STRELKOW, PETER
4839 S.W. 148TH AVNEUE
502
DAVIE FL 33330

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

11. Pursuant to the provisions of Sections 607.0202 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STRELKOW, PETER 4839 S.W. 148TH AVENUE, SUITE 502 DAVIE FL	1-TITLE / 1-NAME / 1-STREET ADDRESS / 1-CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STRELKOW, DEBORAH 4839 S.W. 148TH AVENUE, SUITE 502 DAVIE FL	2-TITLE / 2-NAME / 2-STREET ADDRESS / 2-CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3-TITLE / 3-NAME / 3-STREET ADDRESS / 3-CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4-TITLE / 4-NAME / 4-STREET ADDRESS / 4-CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5-TITLE / 5-NAME / 5-STREET ADDRESS / 5-CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6-TITLE / 6-NAME / 6-STREET ADDRESS / 6-CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and 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: DEBORAH F. STRELKOW 4-15-96 954-434-4479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SECRETARY & VICE PRESIDENT

CR2E034 (12/95)