1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G32986** 1. Corporation Name

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90010 007 \*\*\*150.00

STRELKO	DW ASSOCIATES, INC.	·						
Principal Place	of Business	Mailing Address						
20531 SW 51 ST	T	4839 SW 148TH AVENUE						
FT LAUDERDALE FL 33332		502 DAVIE FL 33330			DO NOT WRITE IN THIS SPACE			
US .		US			3. Date Incorporated or Qualifed			
		,			04/13/1983			
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For
2. Trinoiport :		26			59-2295656			ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		·	5. Certificate of Status Desired			Additional
22		27						equired
		City & State			-6. Election Campaign Financing		-\$5:00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ту	8. This corporation owes the curre		ngible ∐Yes	No
24	25		30		Personal Property Tax.  10. Name and Address of New R			
	9. Name and Address of Current	t Registered Agent		1 Name	ty. Name and Address of Now 1.			
CTD	ELKOW, PETER		Ľ			·		
	S.W. 148TH AVNEUE	•	ε	2 Street Add	dress (P.O. Box Number is Not Accepta	ble) '		
502	13.W. 140111 AVINEUE		5	13	1 (1767) 173 (1973)	TV 13.16	a 2 2 3 3	3.5.1 (14.1)
	E FL 33330		`	"	(多數學科學學			
I JM VI	E FL 33330		₹	4 City	Section Section 1995	FL	85 / Zip	Code
11. Pursuant	to the provisions of Sections 607.050, to the provisions of Sections 607.050, and the State of familiar with, and accept the obligations of the collection of the section o	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flori	s, the about thorized lida Statut	ove-named corporates.	rporation submits this statement for the tion's board of directors. I hereby accept	purpose of cl t the appoint	nanging its ment as re	s registered egistered
11. Pursuant office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE:	Registered A	gent signature requir	ired when reinstating) // [6]	DATE FICERS AND	DIRECT	ORS IN 12
11. Pursuant Office or n agent. I al	M familiar with, and accept the obligat	at and title if applicable. (NOTE:	Registered A	gent signature requir	red when reinstating)	DATE FICERS AND		ORS IN 12
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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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: