## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT -CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996		125	DIVISION OF CORPORATIONS							
DOCUN 1. Corporation I		'14	(6)							
STRAIG	GHT WIRE, INC.									
Principal Place o	of Business	Mailing	Address							I OFOIL DIDELIOU
% STEVEN HILL			% STEVEN HILL							
1909 HARRIS	SON STREET #208		19 Harrison Str Llywood FL 330							
HOLLIWOOL	) FL 33020	no	CLINOOD IL SA	<b>X</b> 0			3. Date incorporated or Qualified	3a. Date o		•
2 Principal Plan	ce of Business	2a. Ma	iling Address			/	09/12/1985 4. FEI Number	<u> </u>	3/20/19   	ypplied For
1		26					59-2586136			lot Applicable
Suite, Apt. #	, etc.		te, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State		27	y & State				6. Election Campaign Financing			Required  May Be
3		28	y a bloto				Trust Fund Contribution			to Fees
Zip	Country	Zφ		Cou	ntry		8. This corporation has liability for	intangible tax	under s	199,032,
4	25 Solution 25 Sol	29	d Agent	30			Florida Statutes Yes		aont	
	9, Name and Address of Con	ent negistere	a Agent		81	Name	(U. Haille and Address Of Herr	icyistereu A	ye.ii	
LINI CTEVEN					82	Otrock Add	ess (P.O. Box Number is Not Accepta	ala)		
HILL, STEVEN 1909 HARRISON ST.,#208						Street Addi	BSS (F.O. DOX NOTION IS NOT MCCOPIA	JIG)		
	WOOD FL 33020				83					
					84	City	, , , , , , , , , , , , , , , , , , ,		<b>85</b> Ζρ	Code
	0.707		00 Fig. 24 Cha.				The authorite this statement for the p	FL		aniatorad affica
or registere	of the provisions of Sections 607.05 ad agent, or both, in the State of Fi	orda. Such ch	ange was authoriz	zed by the c	corpor	ation's boa	ration submits this statement for the purify of directors. ↓ hereby accept the app	ointment as r	egistered	agont. I am
	i, and accept the obligations of, So	udu, voa nouae	o, Florida Statute:	S.						
SIGNATURE	Signature: typed or printed name of registered ag	nt end tite if applic	able (N	OTE: Flegisterco	Agent s	ignaturo require	o who reinstating)	ENTE	·	
12.		ND DIRECTO	RS DELETE	13.	T. /		ADDITIONS/CHANGES TO OF		DIRECTOR	RS IN 12
TILE	CPD		[] percit	1. 1 TI 1.2 NA				L	, Onenge	L. Admini
NAME STREET ADDRESS	HILL, STEVEN 1909 HARRISON ST.,#20	e .				DDRESS				
CITY-ST-7/P	HOLLYWOOD FL	O			TY+ST-					
TITLE	V		DELFTE	2 1 Ti			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	C	Change	Addition
NAME	HILL, HERBERT			2 2 N	AME					
STREET ADDRESS	1909 HARRISON ST #200	3		2 3 \$1	REET AL	DDRESS				
017 - 12 - Y10	HOLLYWOOD FL		DELETE		1Y-ST-	ZIP		т-	) Change	Addition
THLE	S ANOV MARKE		DECEM	3 1 T) 32 N/						L.J. Modified
NAME STREET ADDRESS	NICK, KAREN 1909 HARRISON ST #200	<b>o</b>			1-	DDRESS	-04/16/9601 04/16/9601 	3775	ĮŪ 👑	A 1
CITY-ST-7P	HOLLYWOOD FL	•			1Y-\$T-		~U4/16/96~~U1	12401	₫ -	
TOTLE	T, S		[] DELETE	4 1 TI			***CUU.UU		] Change	Addition
NAME	HILL, GOLDIE			4.2 N	AME .		N.			
STREET ADDRESS	1909 HARRISON ST #200	В		43 ST	REET AT	DORESS				
CITY - \$1 - 70°	HOLLYWOOD FL		DELETE		TY-ST-	ZIP			) Change	Addition
TITLE			Finctor	5 1 TI 5 2 NA			•	<b>L</b>	) onouge	L.J. Addition
NAME STREET ADDRESS				1		DORESS				
CITY - ST - ZIP					17-51-					
TITLE			DELETE	6 1 1			and and also had a last a last a last a last a last and the last and last a last a last a last a last a last a		] Change	Addition
NAME				6 2 NA	AME					
STREET ADDRESS				6.3 \$1	ireet al	DORESS				
CHY-ST-ZIP	e positify that the intermetion arms	ort writts this 60%	a le volunterilla for	6.4 Cl	17-51-	ZIF	for the exemption stated in Section 119	) ()7(3)(k) Flor	ida Statuti	es I further
ra. Too nereby	r cormy mar me information supple	AL MARIE CORP. HILL	a so contracting it.	maniou and	0000	nor quality	the and that my planet we shall have the	ner jegjirgi i itili	the state of	nonela unales

4. I do hereby certify that the information supplied with this filing is vofuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporated of 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 3 if changed, or opportunity achieves that an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

刑

1/4/96

954-925-2470