

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J17101** (3)

1. Corporation Name
M.A. STRAUSS, INC.



Principal Place of Business 13455 SE 3RD ST 313 PEMBROKE PINES FL 33027 US	Mailing Address 13455 SW 3RD ST 313 PEMBROKE PINES FL 33027-1643 US
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3. Date Incorporated or Qualified 05/28/1986	3a. Date of Last Report 07/08/1996
4. FEI Number 59-2713788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 13255 S.W. 7th Court Suite, Apt. #, etc. 22 # 413 City & State 23 Pembroke Pines, FL Zip 24 33027 Country	2a. Mailing Address 26 13255 S.W. 7th Court Suite, Apt. #, etc. 27 # 413 City & State 28 Pembroke Pines, FL Zip 29 33027 Country
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9. Name and Address of Current Registered Agent

**STRAUSS, MINDY
13455 SW 3RD ST 313
PEMBROKE PINES FL 33027**

10. Name and Address of New Registered Agent

81 Name STRAUSS, MINDY
82 Street Address (P.O. Box Number is Not Acceptable) 13255 S.W. 7th Court, #413
83 City Pembroke Pines, FL 33027
84 City Pembroke Pines, FL
85 Zip Code 33027

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME PST STRAUSS, MINDY STREET ADDRESS 13455 SW 3RD ST 313 CITY-ST-ZIP PEMBROKE PINES FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 13255 SW 7th Court, #413 1.4 CITY-ST-ZIP Pembroke Pines, FL 33027
TITLE <input type="checkbox"/> DELETE NAME D STRAUSS, MINDY STREET ADDRESS 13455 SW 3RD ST 313 CITY-ST-ZIP PEMBROKE PINES FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/97 (305) 652-4700

CR2E034 (9/96)