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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J84127

(6)

P. STRAUBINGER DEVELOPMENT, INC.

FILED
Jan 16 1997 8:00am
Secretary of State

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Principal Place of Business		Mailing Add	Mailing Address						
7662 131ST STREET NORTH SEMINOLE FL 34646 US			7662 131ST STREET NORTH SEMINOLE FL 33776-4011 US						
						3. Date Incorporated or Qualified 07/24/1987	3a. Date of Last 01/25/1996	Report	
2. Principal Place of Business		2a. Mailing	Address		····	4. FEI Number	1	Applied For	
21		26	26			59-2830219			
Suite Apt. #. etc		Suite, Ap	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	0	City & S	City & State		6. Election Campaign Financing	\$5.0	May Be		
23		28	28			Trust Fund Contribution			
Ζφ	Country	Zip		Country	1	8. This corporation has liability for	intangible tax under	s. 199.032,	
24	25	29		30		Florida Statutes	Yes No		
	9. Name and Address of Cur	rrent Registered Ag	ent		,	10. Name and Address of New Re	gistered Agent		
	AUBINGER, PAUL			81	Name	9			
7662 131ST STREET NORTH SEMINOLE FL 34646			82	Stree	t Address (P.O. Box Number is Not Acceptate	ole)			
				83		*			
				84	City		FL 85 Zip	o Code	
office or r agent. I a SIGNATURE	registered agent, or both, in the Si im familiar with, and accept the ob-	tate of Florida. Such in particular such in particu	change was a 607.0505, Flo	authorized by orida Statute	y the co s.	d corporation submits this statement for the proporation's board of directors. I hereby accepted the proporation of the propora	of the appointment a	as registered	
12.	OF FICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12	
TITLE	PT		DELETE	1.1 TITLE			☐ Change		
NAME	STRAUBINGER, PAUL			1.2 NAME					
STREET ADDRESS 11320 - 6TH STREET E.			1.3 STREET	ADDRESS					
CITY - ST - ZIP	TREASURE ISLAND FL 3370	16		1.4 CITY-S					
TITLE	VS		DELETE	2.1 TITLE	, .		☐ Change	Addition	
NAME	STRAUBINGER, PATRICIA			2.2 NAME					
STREET ADDRESS 11320 - 6TH STREET E.			2.3 STREET ADDRESS						
CITY-ST-ZIP	TREASURE ISLAND FL 3370	16		2. 4 CITY-					
TITLE			DELETE	3.1 TITLE			Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY - ST - ZIP				3.4. CITY-1	ST-ZIP				
TITLE			DELETE	4.1 TITLE	************		Change	☐ Addition	
NAME.				4. 2 NAME					
STREET ADORESS				4.3 STREET	ADDRESS				
CITY - ST - ZIP				4.4 CITY - S	T · ZIP				
TITLE			DELETE	5.1 TITLE			Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CHTY - ST - ZIP				5,4 CITY - S	ST-ZIP				
TITLE] DELETE	6.1 TITLE			Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - S	IT-ZIP				
14 Lda bord	by costifu that the information area	alicel with this films of	one and aunii			stated in Section 110.07(3)(i) Florida Statuta	. 17 11		

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 13 if changed, or on an attachment with an address.

SIGNATURE: A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

Daytime Phone #