

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K66217** (6)

1. Corporation Name
STRAUB MANAGEMENT CORP.

Principal Place of Business
**5030 CHAMPION BLVD
6-232
BOCA RATON FL 33496**

Mailing Address
**5030 CHAMPION BLVD
6-232
BOCA RATON FL 33496**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/10/1989

4. FEI Number
65-0100139

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CANTOR, SAMUEL J.
8400 N. UNIVERSITY DRIVE
TAMARAC FL 33321**

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 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authorized
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the above-named corporation submits this statement for the purpose of changing its registered
agent by the corporation's board of directors. I hereby accept the appointment as registered
agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **STRAUB, BARBARA J.**
CITY- ST- ZIP **5030 CHAMPION BLVD. 6-232**
BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME ☐ Change ☐ Addition
15 STREET ADDRESS
16 CITY- ST- ZIP

17 NAME ☐ Change ☐ Addition
18 STREET ADDRESS
19 CITY- ST- ZIP

20 NAME ☐ Change ☐ Addition
21 STREET ADDRESS
22 CITY- ST- ZIP

23 NAME ☐ Change ☐ Addition
24 STREET ADDRESS
25 CITY- ST- ZIP

26 NAME ☐ Change ☐ Addition
27 STREET ADDRESS
28 CITY- ST- ZIP

29 NAME ☐ Change ☐ Addition
30 STREET ADDRESS
31 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara J. Straub* PRES 4-14-98-511-276-7848

CR2E034 (10/97)