FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:08

DOCUMENT # L24044 (4)

1. Corporation Name
STRATEGIC PUBLIC RELATIONS INCORPORATED

Principal Place of Business	Mailing Address
19200 NE 25TH AVE SUITE 323 N. MIAMI FL 33180 US	19200 N.E. 25TH AVE. #323 N. MIAMI FL 33180 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 9648 NW 7 Circle #1935
22 Suite, Apt. #, etc.: Plantation, FL
23 City & State: 33324
24 Zip:
25 Country:

2a. Mailing Address
26: 9648 NW 7 Circle #1935
27 Suite, Apt. #, etc.: Plantation, FL
28 City & State: 33324
29 Zip:
30 Country:

4. FEI Number: 65-1073462 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REDDY, SCHRAGER S
19200 N.E. 25TH AVE. #323
SUITE 211
N. MIAMI FL 33180

10. Name and Address of New Registered Agent

01 Name:
02 Street Address (P.O. Box Number Is Not Acceptable): 9648 NW 7 Circle #1935
03: Plantation, FL 33324
04 City: Plantation FL 05 Zip Code: 33324

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: Susan Schrager Reddy — 1-17-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	REDDY, SCHRAGER S	1.2 NAME	
STREET ADDRESS	19200 NE 25TH AVE STR 323	1.3 STREET ADDRESS	9648 NW 7 Circle #1935
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: Susan Schrager Reddy — 1-17-95 — 305-423-6951
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

01D0043 CP