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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M87554** (5)

1. Corporation Name
STRATCOR, INC.

Principal Place of Business	Mailing Address
3710 CORPOREX PARK DR SUITE 300 TAMPA FL 33619	3710 CORPOREX PARK DR SUITE 300 TAMPA FL 33619-1160

3. Date Incorporated or Qualified: 06/29/1988
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business
21 10002 PRINCESS PALM AVE
Suite, Apt. #, etc.
22 SUITE 304
City & State
23 TAMPA FL
Zip 24 33619 Country 25 USA

2a. Mailing Address
26 10002 PRINCESS PALM AVE.
Suite, Apt. #, etc.
27 SUITE 304
City & State
28 TAMPA FL
Zip 29 33619 Country 30 USA

4. FEI Number: 59-2909134 — 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
KLINGHOFFER, MELVIN
3710 CORPOREX PARK DR
SUITE 300
TAMPA FL 33619

10. Name and Address of New Registered Agent
81 Name: THOMAS D. HARRINGTON, JR
82 Street Address (P.O. Box Number is Not Acceptable): 10002 PRINCESS PALM AVE, SUITE 304
83
84 City: TAMPA FL 85 Zip Code: 33619

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: Thomas D. Harrington Jr — 4/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	KLINGHOFFER, MEL	
STREET ADDRESS	4604 CLARKSDALE LANE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	CS	☒ DELETE
NAME	KLINGHOFFER, MELVIN	
STREET ADDRESS	4604 CLARKSDALE LANE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C/D	☒ Change ☐ Addition
1.2 NAME	MEL KLINGHOFFER	
1.3 STREET ADDRESS	4604 CLARKSDALE LANE	
1.4 CITY-ST-ZIP	BRANDON, FL 33511	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	ANA BEDRAN	
2.3 STREET ADDRESS	10002 PRINCESS PALM AVE., SUITE 304	
2.4 CITY-ST-ZIP	TAMPA FL 33619	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: MEL KLINGHOFFER 4/9/97 (813) 623-5777

CR2E034 (9/96)