FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00									- FILED					
PROFIT CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State						Jan 27 1998 8:00am				
1998					DIVISION OF CORPORATIONS					Secretary of State				
DOCU 1. Corporation ATRUK	MENT on Name (AY, INC.	# P186	76		(7)									
Principal Place of Business Mailing Address										- [		HE		
%BRUCE STRUMPF, INC. 314 S. MISSOURI AVE STE. 305 314 S. MISSOURI AVE STE. 305 CLEARWATER FL 34616 CLEARWATER FL 34616							E. 305			DO NOT WRIT	E IN TH!	S SPACE		
US US										3. Date Incorporated or Qualified 04/04/1988				
2. Principal P	lace of Busi		2a. Mailing Address						4. FEI Number			Applied	đ For	
21	* - * -	2	26						52-1224704				plicable	
Suite, Apt. #, etc. 22 27					Suite, Apt. #, etc.					5. Certificate of Status Desired	₩	\$8.75	Addit Require	
City & State City & State 28										Election Campaign Financing     Trust Fund Contribution	. 🗆	<b>\$5.0</b> Adde	<b>0</b> May	
Zip Country Zip						-	Country			8. This corporation owes or has p			ntangil No	
24 33756 25 29 33756 30 9. Name and Address of Current Registered Agent							<u>'L</u>			Personal Property Tax due Juni 10. Name and Address of New Re		Yes d Agent	INC	· · ·
ST	RUMPF, BI						81	Name				<u>.</u>		
314 SOUTH MISSOURI AVE. SUITE #305							82	Street	Addre	ss (P.O. Box Number is Not Accepta	ble)			
CLEARWATER FL 34816 33756							83							
							84	City				er 7:-	Code	
			_					City			F	┗┤╎┆		
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.													gistered stered	
SIGNATURE	Signature, typed	for printed name of registered	agent and	litie if ap	plicable. (NOT	TE: Register	ed Agei	nt signature	e required	d when reinstating)	DATE			
12.		OFFICERS	AND DIF	RECTO		13.				ADDITIONS/CHANGES TO OFFI	CERS AI			
TITLE	VID	DE DELIGE			☐ DELETE		TITLE					L Change	لــا	Addition
NAME		PF, BRUCE	TT OOE				IAME							
OLEADAMATED EL							1.3 STREET ADDRESS 1.4 City-St-ZiP							
CITY-ST-ZIP TITLE	DS DELETE						2.1 TITLE					Change		Addition
NAME	FISHER	, ALICE				2.2 1	IAME							
STREET ADDRESS		TOWER #1100, 220	BUSH	STR		2.3 5	TREET .	ADDRESS						
CITY - ST - ZIP		ANCISCO CA					CITY-S	T-ZIP	<u> </u>				<del></del>	
TITLE	DP	DOREDT II			DELETE		TLE					Change	ப	Addition
							3.2 NAME 3.3 STREET ADDRESS							
							3.4. CITY-ST-ZIP							
TITLE	5/11/1/				DELETE		TLE	t-Ztr				Change		Addition
NAME							NAME		1			·		
STREET ADDRESS								ADDRESS						

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 SIGNATURE:

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST-ZIP

5.1 TITLE

5,2 NAME

6,1 TITLE 6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

\_\_\_ Change

Change

\_\_\_ Addition

Addition