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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000011827 (1)

STRA	TFORD BOOTERY, INC.				
				1 10 TO 10 T	I
~		·····	·		
Principal Place of Business Mailing Address					ir anden tiedt falsk aten 1881 1881
8202 WILES R0 8202 WILES RD CORAL SPRGS FL 33067 US US US			DO NOT WRITE IN THI	S SPACE	
1				3. Date Incorporated or Qualified	
<u> </u>		1 - 1 - 1	<u>.</u>	02/16/1993	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
<u> </u>		Suite, Apt. #, etc.		06-1361725	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	- County	28	C	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 Name and Address of Currer	29 30	0	Personal Property Tax due June 30. 10. Name and Address of New Registere	
<u> </u>		It neglistored Agent	81 Name	10. Hanne prid Address of Hank Hogistere	1 våeur
STEINHARDT, HENRY L					
10137 MANGROVE DR.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
_	SUITE 106 BOYNTON BEACH FL 33437		B3		
-	DUTRIUM BEACH PL 33437				
			84 City	F	85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named corn		
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.					
i	m amiliar with, and accept the oblig	ations of, Section 607.0305, Florid	Ja Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	orit and title II applicable. (NOTE: R	togistered Agent signature require	od when reinstating) DATE	-
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	BEDICK, JARED S		1.2 NAME		
STREET ADDRESS	8632 VIA GIULIA		1.3 STREET ADDRESS		1
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP		
TITLE	O	DELETÉ	2.1 T(TL€		Change Addition
NAME	BEDICK, BARBARA F		2.2 NAME		
STREET ADDRESS	8632 VIA GIULIA		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T become	3.4. CITY-ST-ZIP		
TATLE		☐ DELETE	4.1 TITL€		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Driete	4.4 CITY-ST-ZIP		Ohanaa E Address
TITLE		☐ DELET E	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP		DECETE	5.4 CITY-ST-ZIP		Observa Pillager
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
CITY-ST-ZIP			6.4 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.