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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022524

1. Corporation Name

STRIBE HOLDINGS INC

Principal Place of Business 2814 SILVER STAR RD ORLANDO FL 32808		Mailing Address		
		2814 SILVER STAF Orlando fl 3280	=	
2. Principal Place of Business		2a. Mailing Addre	ss	
21		26		
Suite, Apt. #, etc.		Suite, Apt. #,	etc.	
		27		
City & State		City & State		
City & State	23			
23 City & State		28		
·	Country	Zip	Country	

FILED Mar 04, 1999 8:00 am Secretary of State

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Principal Place	e of Business	М	ailing Address								
2814 SILVER STAR RD 2814 SILVER STAR RD											
ORLANDO FL 32808 ORLANDO			rlando fl 32808	NDO FL 32808			DO NOT WRITE IN THIS SPACE				
							Date Incorporated or Qualifed	ACE			
							03/25/1993		}		
			Mailing Address				4. FEI Number	-	Applied For		
2. Principal Pi	Principal Place of Business 2a. Mailing Address					59-3180045		Not Applicable			
26		0.4- 4-4 4-4-						Additional			
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Required		
2 01 0 01-4		27	City & State				El viv O vesion Financia				
City & State	e		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees		
Zip	Country	28	Zip	Cou	intry		8. This corporation owes the current year Intang				
		20	Z.ip	30	,			Yes	□No		
24	9. Name and Address of Curre	29	stored Agent	30	Τ		10. Name and Address of New Registered Ag	·——			
	y, Name and Address or Curre	n Regis	stered Agent		81	Name	IV. Hallo dira Alexander				
YERO	GEY, DAVID A JR										
	N MAGNOLIA AVE				82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	ANDO FL 32801				83	 					
0.15	1100 12 3200 1					İ					
					84	City	FL	85 Zi	p Code		
					Ш	<u> </u>			ita societored		
office or r	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori	da. Such change was a	uthorized	עט נ	tne corporation	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointm	ient as	registered		
SIGNATURE							when reinstating) DATE				
	Signature, typed or printed name of registered age OFFICERS AI			_ i	Agen	it signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIDEC	TOPS IN 12		
12.	D OFFICERS AI	אט טואנ	□ DELETE	13. 1.1 TI	ΠF			Chang			
	ETDURE DOMAIR & ID			1.2 N			•		_		
NAME	STRUBE, DONALD K JR					- 40000-00			ł		
STREET ADDRESS	2814 SILVER STAR RD					FADDRESS			ļ		
CITY-ST-ZIP	ORLANDO FL 32785		☐ DELETE	1.4 Cl	TY-SI	I-ZIP		Chang	e Addition		
TITLE	ST OTELER		□ nere ie				_				
NAME	STRUBE, STEVEN			2.2 N							
STREET ADDRESS	2814 SILVER STAR RD					FADORESS			ĺ		
CITY-ST-ZIP	ORLANDO FL 32785			_	ITY-S	T-ZIP		Chang	e		
TITLE			☐ DELETE	3.1 TI			r.		, Dynamich		
NAME				3.2 N		1			Ì		
STREET ADDRESS				3.3 S	TREET	TADDRESS					
CITY-ST-ZIP					ITY-S	T-ZIP		70	. Addition		
TITLE			☐ DELETE	4.1 TI	TLE		Ĺ	Chang	je 🗌 Addition		
NAME				4. 2 N	IAME						
STREET ADDRESS				4.3 S	TREET	TADDRESS			İ		
CITY-ST-ZIP				_	ITY-S	r-zip			. Financial		
TITLE			☐ DELETE	5.1 TI				_ Chang	je 🗌 Addition		
NAME				5.2 N							
STREET ADDRESS				5.3 S	TREET	ADDRESS '					
CITY-ST-ZIP					TY-S	T-ZIP					
TITLE			☐ DELETE	6.1 TI	TLE		Γ	_ Chang	e 🗌 Addition		
NAME				6.2 N	AME				1		
STREET ADDRESS				6.3 S	TREET	T ADDRESS	•		Ì		

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 amaddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR