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PROFIT CORPORATION **ANNUAL REPORT**

1996



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

DOCHMENT #

1. Corporation Name STRATHSPEY, INC. Principal Place of Business 100 CALEDONIA DR. MELBOURNE BCH. FL 32951 US Mailing Address 100 CALENDONIA DR. MELBOURNE BCH. FL 32951 US								
					3. Date Incorporated or Qualified 04/07/1993	3a. D	08/10/	
2. Principal F 21	Place of Business	2a. Mailing Address 26			4. FEI Number 65-04 13682		00/10/	Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7	Not Applicable 75 Additional
City & Stat	te	City & State			6. Election Campaign Financing		Fe	e Required
23 Zip	Country	28			Trust Fund Contribution		Add	.00 May Be ded to Fees
24	25	Zip 29	Country 30	У	This corporation has liability for Florida Statutes	intangible	tax under	s 199.032,
	9. Name and Address of Curi	rent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New I		d Agent	·
RURN	IS, JULIE		81	Name				
100 C	CALEDONIA AVE.		82	Street Addi	ress (P.O. Box Number is Not Acceptat	ole)		
MELB	OURNE BCH. FL 32951		83					
			84	City			85 2	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above-	named cornor	ration submits this statement for the pur	F		•
familiar wi	red agent, or both, in the State of Fik ith, and accept the obligations of, Se	orida. Such change was authorizection 607.0505, Florida Statute	zed by the corp s.	oration's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of cointment :	hanging its as registere	registered office od agent. I am
SIGNATURE								
12.	Signature, typed or printed name of registered agr OFFICERS A	ent and fittle if applicable. (NO NND DIRECTORS	OTE: Registered Age:	nt signature required		DATE		·
TITLE	D	DELETE	13.		ADDITIONS/CHANGES TO OFF	CERS AN		
NAME	SMITH, ADRIAN M		1.2 NAME				☐ Change	Addition
STREFT ADDRESS	51 BRAID AVE.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	EDINBURGH EH10 GEB U	IK OC						
TITLE	D		14 CITY-S					
IAME .	CANTU ADIPAR A	DELETE	14 CITY-S 2.1 TITLE			·	☐ Change	☐ Addition
	SMITH, ARLENE M		2.1 TITLE 22 NAME	T-ZIP		 	☐ Change	Addition
TREET ADDRESS	51 BRAID AVE.	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP ADDRESS		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TREET ADDRESS		□ DÉLETE	2.1 TITLE 22 NAME 23 STREET 24 CITY-S	T-ZIP ADDRESS			☐ Change	☐ Addition
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SIGNATURE: Admin Smith Abrian Smith

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