

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000036540 (1)**

1. Corporation Name

**BRIAN J. STRNAD, INC.**



Principal Place of Business

Mailing Address

525 E GEORGIA AVE  
LONGWOOD FL 32750

525 E GEORGIA AVE  
LONGWOOD FL 32750

3. Date Incorporated or Qualified  
**05/17/1993**

3a. Date of Last Report  
**01/23/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3208 Holliday Ave**  
Suite, Apt. #, etc.

26 **3208 Holliday Ave**  
Suite, Apt. #, etc.

4. FEI Number  
**59-3195116**

Applied For  
Not Applicable

22 City & State

27 City & State

23 **APOPKA FL**

28 **APOPKA FL**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip **32703** 25 Country **Seminole**

29 Zip **32703** 30 Country **Seminole**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRNAD, BRIAN J  
525 E GEORGIA AVE  
LONGWOOD FL 32750

81 Name **BRIAN J STRNAD**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3208 Holliday Ave**  
83  
84 City **APOPKA** FL 85 Zip Code **32703**

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 *Brian J Strnad* **President (NEW ADDRESS)** DATE **2-17-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	STRNAD, BRIAN J	
STREET ADDRESS	525 E GEORGIA AVE	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STRNAD, BRIAN J	
STREET ADDRESS	525 E GEORGIA AVE	
CITY - ST - ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>1.3) 3208 HOLLIDAY AVE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1.4) APOPKA, FL. 32703</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>2.3) 3208 HOLLIDAY AVE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2.4) APOPKA, FL 32703</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Brian J Strnad* **BRIAN J STRNAD** DATE **2/17/96** (407) 0803 869-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)