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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

1996		Secretary of State DIVISION OF CORPORATIONS
DOCUMENT #	93000078	3508 (7)
STRAY CAT COMMUN	ICATIONS, INC.	
Principa' Place of Business	Maili	ng Address
9433 LAURELON P L -TAMPA FL 93637 -	= **	39 LAURELON P L M PA FL 93097
2. Principal Place of Business	2a. h	Aaling Address
21 4013 W. LINEBAUGH	Are 26 4	013 LLJ. LINEBAUGH fre
Suite. Apt. #, etc 22	 1	Suite, Apt. #, etc.
City & State		TIF 112— City & State



							3, Date Incorporated or Qualified 11/08/1993		of Last F /31/19	
2. Principa Plac			2a. Mailing Address				4. FEI Number			Applied For
114013 W	LINEBAY	IGH AVE	26 4013 LW. LINE	BAUGH	1/4	<u> </u>	59-3208003			Not Applicable
	Suite, Apt. ⊭, etc ≤1£ (2		Suite, Apt. #, etc. 27 STE 112			5. Certificate of Status Desired			8.75 Additional Fee Required	
City & State	fL.		City & State 28 Tampa L						\$5.00 May Be Added to Fees	
33624	25	Country Hill Boraigh	Zip 29 3 3 6 2 4		intry Heir	orough	B. This corporation has liability for Florida Statutes	intangible ta No	x under s	s 199.032,
-1	9. Name and	d Address of Curren				V	10. Name and Address of New F	legistered /	Agent	
					81	Name		,		
CRESSWELL, RICHARD 8433 LAURELON PL TAMPA FL 33637			82 Street Address (P.O. Box Number is Not Acceptable)							
				83						
					84	City		FL	85 2	Zip Code
SIGNATURE _	h, and accept the	ne ebiligations of, Sect	/ warmel			It signature required	ation submits this statement for the put of directors. I hereby accept the app	/- 3/ - DATE		
12.	7	OFFICE RS AN	,	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TULE	D		☐ DELETE	111	THILE				Change	e 🔲 Addition
NAME	CRESSWEI	L, RICHARD R		1.2 N	IAME					
STHEET ACIDRESS	8433 LAUR	-		135	TREET	ADDRESS				
011Y - ST - ZIP	TAMPA FL	33637			OTY - S					
TIFLE	D		DELETE	2 1 1				[Change	e 🔲 Addition
NAME	MATTER, K	FITH F	=		MAME					
	1416.21 1 (-1.1)			# Z Z IV		I				
		MENIA AVE			STREET	ADDRESS				
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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 agnitude and accurate and that my signature shall have the same legal effect as if made under call, that I am an officer or director of this eorigination or the receiveg of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in filock 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

NATION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-46 6/3 269-9649
Date Daytine Phone #