


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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000026677 (2)					
1. Corporation Name STRAPZAP, INC.					
Principal Place of Business 11003 NEST COURT ODESSA FL 33556			Mailing Address 11003 NEST COURT ODESSA FL 33556-4911		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/07/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report 04/17/1996	
22 City & State		27 City & State		4. FEI Number 59-3234230	
23 Zip		28 Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30		31		8. Name and Address of Current Registered Agent	
32		33		9. Name and Address of New Registered Agent	
34		35		10. Name and Address of New Registered Agent	
36		37		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.	
38		39		12. OFFICERS AND DIRECTORS	
40		41		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
42		43		14. I do 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.	
44		45		SIGNATURE: <i>Cynthia Buford</i> 4/7/97 (913) 920-2506	
46		47		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
48		49		Date Daytime Phone #	

CR2E034 (9/96)