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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039817 (9)

STRICTLY STARTERS, INC.

5238 CYPRESS CREEK DR. 5238 CYPRESS CREEK DR. ORLANDO FL 32811-7604 ORLANDO FL 32811 3a. Date of Last Report 3. Date Incorporated or Qualified 05/19/1994 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3255542 Not Applicable 21 26 Suite Ap: #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, X Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILLIS, MICHAEL R 136 PARK ST Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32803 83 84 City Zip Code 85 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typical or printed name of registered agent and tipe if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 Change Addition DELETE 1.1 TITLE TITLE PERRY, ELIZABETH S 1.2 NAME NAME **5238 CYRESS CREEK DR** 1.3 STREET ADDRESS SUREET ADDRESS ORLANDO FL 1.4 CITY - ST - ZIP CITY- ST-ZIF Addition DELETE Change 21 TITLE TITLE PERRY, FLOYD D JR. 2.2 NAME 5238 CYPRESS CREEK DR. 23 STREET ADDRESS STREET ACORESS ORLANDO FL 2 4 CITY-ST-ZIP CHY-ST-ZIF DELETE Change Addition 31 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - \$1 - 7/P Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE. 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF 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 eath; that I am an efficier or director of the corporation or the receiver or trustee propowered 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 yith an address.

SIGNATURE: Suppose S

R2E034 (9/96)

FILED

Feb 05 1997 8:00am

Secretary of State