

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CONSTITUTION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY 15 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046399 (9)

STRADEN SERVICES, INC.

2. Principal Office Address		2a. Mailing Address	
975 N.W. 93RD AVE. PLANTATION FL 33324		975 N.W. 93RD AVE. PLANTATION FL 33324	
21. 300 SE 4TH TERR	26. 757 SE 17TH ST	4. Filing Number 06/16/1994 N/A	
22. DANIA, FL	27. SUITE 105	5. Certificate of State Election \$8.75 Additional Fee Required	
23. 33004	28. FT. LAUDERDALE, FL	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
24. BROWARD	29. 33316	8. The corporation has liability for election expenses under the law. Yes ☒ No ☐	
25. BROWARD	30. BROWARD		

9. Name and Address of Current Registered Agent

STRAUB, HOWARD F
975 N.W. 93RD AVE.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name DEFOREST J. BURDEN
82. Street Address (P.O. Box Number or Post Office)
300 SE 4TH TERR
83.
84. DANIA FL 85. Zip Code 33004

11. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same are true and correct to the best of my knowledge and belief.

DeForest J. Burden
DeForest J. Burden Pres

5/11/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME	P.T.S.
STREET ADDRESS	DEFOREST J. BURDEN
CITY	300 SE 4TH TERR
STATE	DANIA, FL 33004
ZIP CODE	
DATE	
TYPE	
REMARKS	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
DATE	
TYPE	
REMARKS	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
DATE	
TYPE	
REMARKS	

14. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same are true and correct to the best of my knowledge and belief.

SIGNATURE:

DeForest J. Burden
HIGHWAY AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/95 305-920-3195