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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000047928 (4)
1. Corporation Name
STRATEGIC TECHNOLOGIES, INC.



Principal Place of Business 730 N.W. 107 AVE. MIAMI FL 33172	Mailing Address 730 N.W. 107 AVE. MIAMI FL 33172-3104
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2. Principal Place of Business 21 700 N.W. 107 Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 700 N.W. 107 Avenue Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/27/1994	3a. Date of Last Report 05/01/1996
22		27		4. FET Number 65-0523605	Applied For <input type="checkbox"/> Not Applicable
23 City & State Miami, FL		28 City & State Miami, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33172		29 Zip 33172		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Country US		30 Country US		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WATSKY, MORRIS J 700 N.W. 107 AVE MIAMI FL 33172				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAJONTZ, STEVEN J	1.2 NAME	
STREET ADDRESS	730 N.W. 107 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PSV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, LINDA	2.2 NAME	VS
STREET ADDRESS	730 N.W. 107 AVE	2.3 STREET ADDRESS	Reed, Linda
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	730 N.W. 107 Ave.
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKY, NANCY	3.2 NAME	
STREET ADDRESS	730 N.W. 107 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODIST, DEBRA	4.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, JANICE	5.2 NAME	
STREET ADDRESS	700 NW 107 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, ROBERT D.	6.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **Debra Modist 1-13-97 (305) 779-1100**

CR2E034 (9/96)