

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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90009 005 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000047928**

1. Corporation Name  
**STRATEGIC TECHNOLOGIES, INC.**

Principal Place of Business  
 700 NW 107TH AVE  
 MIAMI FL 33172  
 US

Mailing Address  
 730 N.W. 107 AVENUE  
 MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/27/1994**

4. FEI Number  
**65-0523605**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **730 NW 107 Ave**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Miami FL**  
 Zip  
 24 **33172** Country  
 25 **USA**

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip  
 29 Country  
 30

9. Name and Address of Current Registered Agent  
**MCCAIN, DAVID B ESQ.**  
**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 **FL** 85 Zip Code

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		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PEKOR, ALLAN J.	
STREET ADDRESS	730 N.W. 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REED, LINDA	
STREET ADDRESS	730 N.W. 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KAMINSKY, NANCY	
STREET ADDRESS	730 N.W. 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MODIST, DEBRA	
STREET ADDRESS	700 N.W. 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MUNOZ, JANICE	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RUBIN, ROBERT D.	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

**SIGNATURE:** *Debra Modist* **SIGNATURE REQUIRED** *11/2/99* **305 229-6400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)