

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058843 (1)

1. Corporation Name

STRATEGIES UNLIMITED INC.

Principal Place of Business

ONE OAKWOOD BLVD.
SUITE 221
HOLLYWOOD FL 33020

Mailing Address

ONE OAKWOOD BLVD.
SUITE 221
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1994	3a. Date of Last Report NONE
4. FEI Number APPLIED FOR	☒ Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. One Oakwood Blvd.	26. One Oakwood Blvd.
22. Suite Apt. # etc 221	27. Suite Apt. # etc 221
23. City & State Hollywood FL.	28. City & State Hollywood FL.
29. Zip 33020	30. Zip 33020
25. Country USA	31. Country U.S.A.

9. Name and Address of Current Registered Agent

BATWIN, NORMAN C
ONE OAKWOOD BLVD.
SUITE 221
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81. Name JOEL CHRISTE
82. Street Address (P.O. Box Number is Not Acceptable) % Suite 221 ONE OAKWOOD BLVD.
83. Suite 221
84. City Hollywood
85. FL
86. Zip Code 33020

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0609, Florida Statutes.

SIGNATURE

JOEL CHRISTE

4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME JOSEPH SHINE - Director	1. NAME	☐ Change	☐ Addition
STREET ADDRESS One Oakwood Blvd. Suite 221	2. STREET ADDRESS	☐ Change	☐ Addition
CITY Hollywood, FL 33020	3. CITY	☐ Change	☐ Addition
NAME JOEL CHRISTE - DIRECTOR	4. NAME	☐ Change	☐ Addition
STREET ADDRESS ONE OAKWOOD BLVD. Suite 221	5. STREET ADDRESS	☐ Change	☐ Addition
CITY Hollywood FL 33020	6. CITY	☐ Change	☐ Addition
NAME RONNIE COHEN	7. NAME	☐ Change	☐ Addition
STREET ADDRESS % One Oakwood Blvd. Suite 221	8. STREET ADDRESS	☐ Change	☐ Addition
CITY Hollywood, FL 33020	9. CITY	☐ Change	☐ Addition
NAME	10. NAME	☐ Change	☐ Addition
STREET ADDRESS	11. STREET ADDRESS	☐ Change	☐ Addition
CITY	12. CITY	☐ Change	☐ Addition
NAME	13. NAME	☐ Change	☐ Addition
STREET ADDRESS	14. STREET ADDRESS	☐ Change	☐ Addition
CITY	15. CITY	☐ Change	☐ Addition
NAME	16. NAME	☐ Change	☐ Addition
STREET ADDRESS	17. STREET ADDRESS	☐ Change	☐ Addition
CITY	18. CITY	☐ Change	☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and equally for the corporation stated in Sections 11.011 and 11.012, Florida Statutes, is further certified that the information included in this report is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am not, at the time of filing this report, under any legal disability or incapacity to execute this report, and that my signature is not, at the time of filing this report, under any legal disability or incapacity to execute this report, and that my signature is not, at the time of filing this report, under any legal disability or incapacity to execute this report.

SIGNATURE:

JOEL CHRISTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97 1-800 3797868