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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000068111 (1)

1. Corporation Name
STRAKA AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

450 CHALLENGER RD
SUITE 4
CAPE CANAVERAL FL 32920
US

450 CHALLENGER RD
CAPE CANAVERAL FL 32920-4226
US

3. Date Incorporated or Qualified
09/15/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 405-F Atlantis Road

2a. Mailing Address

26 405-F Atlantis Road

4. FEI Number

59-3266874

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

22

27

City & State

City & State

23 Cape Canaveral, FL

28 Cape Canaveral, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

24 32920

25 USA

Zip

Country

29 32920

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPP, GREGORY A
450 CHALLENGER ROAD
SUITE 4
CAPE CANAVERAL FL 32920

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST ☐ DELETE
NAME STAKA, CHRISTOPHER
STREET ADDRESS 450 CHALLENGER RD
CITY-ST-ZIP CAPE CANAVERAL FL

1.1 TITLE D,P,T ☒ Change ☐ Addition
1.2 NAME Straka, Christopher J.
1.3 STREET ADDRESS 405-F Atlantis Road
1.4 CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE V,S ☐ Change ☒ Addition
2.2 NAME Rentz, Cynthia L.
2.3 STREET ADDRESS 405-F Atlantis Road
2.4 CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher J. Straka, President

4.30.97

407/799-4900

Date

Daytime Phone #

0101833

CR2E034 (9/96)