

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
**405-F ATLANTIS RD.
CAPE CANAVERAL FL 32920
US**

Mailing Address
**405-F ATLANTIS RD.
CAPE CANAVERAL FL 32920
US**

FILED

98 JUL 15 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1994

4. FEI Number

59-3266874

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Christopher J. Straka**
82 Street Address (P.O. Box Number is Not Acceptable)
405-F Atlantis Road
83
84 City **Cape Canaveral** **FL** 85 Zip Code **32920**

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

Christopher J. Straka **7.10.98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE
NAME **STAKA, CHRISTOPHER**
STREET ADDRESS **405-F ATLANTIS RD.**
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE **VS** ☐ DELETE
NAME **RENTZ, CYNTHIA L**
STREET ADDRESS **405-F ATLANTIS RD**
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cynthia L. Rentz

Cynthia L. Rentz, V. Pres. 7.1.98 407.799.4900

0019008

CR2E034 (5/98)



2

ACCOUNT NO. : 072100000032

REFERENCE : 891982 7120823

AUTHORIZATION :

COST LIMIT : \$ 558.75

Patricia Pizant

ORDER DATE : July 15, 1998

ORDER TIME : 11:04 AM

ORDER NO. : 891982-005

CUSTOMER NO: 7120823

CUSTOMER: Ms. Cynthia L. Rentz
Straka & Associates
405-f Atlantis Road

Cape Canaveral, FL 32920

ANNUAL REPORT FILING

NAME: STRAKA AND ASSOCIATES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____

98 JUL 15 AM 11:2
DIVISION OF CORPORATE