**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000075598

1. Corporation Name

STR PROPERTIES, INC.

Principal Place of Business	Mailing Address	
590 FRANKLIN AVENUE	P O BOX 418	

**FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90101 022 \*\*\*150.00



SAU FRANKLIN AVENUE ALTAMONTE SPRINGS FL 32714		ALTAMONTE SPRINGS FL 32715 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					10/10/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			59-3273617	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Red	quired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the current year		_
24	25	29 30	o		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent		т	10. Name and Address of New Register	ed Agent	
coc	KMAN CDECODY S		81	Name			
	KMAN, GREGORY S FRANKLIN AVENUE		82	Street Add	tress (P.O. Box Number is Not Acceptable)		
	MONTE SPRINGS FL 32714-0				A101		
ALIA	MONTE SPHINGS PL 32/14-0		83				
			84	City		85 Zip C	ode
11 Purcuant	to the provisions of Sections 607 050	12 and 607 1508. Florida Statutes	the above	e-named con	poration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	iorized by	tne corporati	tion's board of directors. I hereby accept the ap	pointment as reg	jistered
•	m familiar with, and accept the obliga	mons of, Section 607.0505, Fiolid	a Statutes	).			Į
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re	egistered Age	nt signature requir	red when reinstating) DATE		<del></del>
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	1,1 TITLE			☐ Change	☐ Addition
NAME	COCKMAN, GREGORY S		1.2 NAME				]
STREET ADDRESS	580 FRANKYN AVENUE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-S				
TITLE	V	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	FOWLER, JAMES W		2.2 NAME				Į
STREET ADDRESS	8695 N.W. 64TH STREET		2.3 STREE	TADDRESS			ĺ
CITY-ST-ZIP	MIAMI FL		2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	}			İ
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP	•		3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME	j			
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS		•	
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				ĺ
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY- ST. 7IP			6.4 CITY-S	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 changes, or or an attachment with an address, with all other like empowered.

SIGNATURE: