

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 3:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000079268 (6)

1. Corporation Name

STRAND COMPUTER SERVICES, INC.

Principal Place of Business

**5350 WOODLAND LAKES DR., #111
PALM BEACH GARDENS FL 33418**

Mailing Address

**5350 WOODLAND LAKES DR., #111
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

4. FEI Number

15-052-6140

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

9. Name and Address of Current Registered Agent

**STRAND, ROBERT E
5350 WOODLAND LAKES DR., #111
PALM BEACH GARDENS FL 33418**

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 607.1308, 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 new listing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	DR ROBERT E. STRAND	5350 WOODLAND LAKES DR #111	PALM BEACH GARDENS, FL 33418
	DR MARY JANE STRAND	5350 WOODLAND LAKES DR #111	PALM BEACH GARDENS, FL 33418
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
☐ Change ☐ Addition			
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
☐ Change ☐ Addition			
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
☐ Change ☐ Addition			
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
☐ Change ☐ Addition			
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
☐ Change ☐ Addition			
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
☐ Change ☐ Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address

SIGNATURE:

Robert E. Strand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. STRAND
DATE

4-24-95

407
629-0005
FILED