## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000008312

<ol> <li>Corporation</li> </ol>	Name							
STRATAGEM INCORPORATED								(8(8 (1 <b>4</b> ) 1 <b>44)</b>
	•							
Principal Place	of Business	Mailing Address					<b>8</b> 111 <b>30101</b> 1818 11181 1	IBIN 1101 1061
Principal Place of Business Mailing Address  1804 79TH ST. NW 1804 79TH ST. NW								
BRADENTON FL 34209 BRADENTON FL 34209						DO NOT WEITE IN 7	THE EDACE	
		US				DO NOT WRITE IN T	HIS SPACE	
	•					3. Date Incorporated or Qualifed 01/26/1995		
2 Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21	300 0	26				65-0555811	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	I
22		27					Fee Rec	
City & State		City & State			-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
Zip	Country	Zip	Coun	try	-	8. This corporation owes the current year	r Intangible	
24	25	29	30	•		Personal Property Tax.	☐ Yes	ZNo
27]	9. Name and Address of Curre					10. Name and Address of New Registe	red Agent	
			8	Name	•			
KELLY, PATRICK D					t Addre	ess (P.O. Box Number is Not Acceptable)		
1804 79TH ST NW Bradenton FL 34209								
BHAL	DENTON FL 34209		['	33				
			1	34 City			FL 85 Zip C	ode
~		00 1 007 4500 Fl	tutes the ob-		d corno	ration submits this statement for the purpos		registered
office or r	scietared agost or both in the State	e of Florida, Such change Wa	s authorized i	ov the cor	poration	n's board of directors. I hereby accept the a	ppointment as rec	jistered
agent. I ai	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statut	es.				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registered A	gent signatur	a required	when reinstating) DATI	E	]
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	<b>DP</b> □ DELETE		1.1 TITL	1.1 TITLE			Change	Addition
NAME	KELLY, PATRICK D		1.2 NAM	Œ				ł
STREET ADDRESS	1804 79TH ST. NW		1.3 STR	EET ADORES	s			
CITY-ST-ZIP	BRADENTON FL			-\$T-ZIP			Change	Addition
TITLE	DVP	☐ DELETE	l l		. [		☐ Change	L Addition (
NAME	CASEY, SAPHINA G		2.2 NAA			-		í
STREET ADDRESS	1804 79TH ST. NW			EET ADDRES	s			
CITY-ST-ZIP	BRADENTON FL	□ DELETE		Y-ST-ZIP F			☐ Change	Addition
TITLE			3.2 NAA					_
NAME STREET ADDRESS	• • • •	,		EET ADDRÉS	s		<del>-</del> ·	~
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITE	E			☐ Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS		,	4.3 STR	EET ADDRES	s			
CITY-ST-ZIP			4.4 CIT	/-ST-ZIP				
TITLE		☐ DELETE				·	Change	Addition
NAME			5.2 NAA					
STREET ADDRESS				EET ADORES	is			
CITY-ST-ZIP				/-ST-ZIP				
TITLE	1	☐ DELETE	6.1 TITU	Æ			Change	Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90033 001 \*\*\*150.00