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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000009236 (7)

STRADER & ASSOCIATES, INC.

## FILED Apr 07 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3126 N. 34TH ST. 3126 N. 34TH ST. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0548450 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zφ Country Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STRADER, LISA K 81 Name 3126 N. 34TH ST. 62 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 83 84 City Zip Code 85 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 Statu 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 (NOTE Registered Agent signature required when reinslating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. PD DELETE 1.1 TITLE Change Addition TITLE STRADER, LISA 1.2 NAME NAME **CR2E034** 3126 N. 34TH ST. STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 51 TITLE TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 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 an attachment with an address.

SIGNATURE:

(954)944-1900