


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90253 026 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000057960

1. Corporation Name
STRANDEK INTERNATIONAL, INC.

Principal Place of Business
455 NO INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US

Mailing Address
455 NO INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1995

4. FEI Number

65-0599898

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

ARSENAULT, KENNETH
10225 ULMERTON RD
STE 2
LARGO FL 33771

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 607.1508, 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

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 DCFO ☐ DELETE
NAME BUCKLES, WILLIAM G
STREET ADDRESS 455 NO INDIAN ROCKS RD
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE D ☐ DELETE
NAME VELTMAN, DAVID M
STREET ADDRESS 455 NO INDIAN ROCKS RD
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE DCOO ☐ DELETE
NAME APPLE, CURTIS
STREET ADDRESS 475 EAST 151ST ST
CITY-ST-ZIP EAST CHICAGO IN

TITLE VP ☐ DELETE
NAME SANBORN, DAVID
STREET ADDRESS 475 E 151 ST
CITY-ST-ZIP E CHICAGO IN

TITLE D ☐ DELETE
NAME BAUMAN, JEROME
STREET ADDRESS 2294 NW 55TH ST
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D ☒ DELETE
NAME ASHKAR, MICHAEL
STREET ADDRESS 44 MONMOUTH ROAD
CITY-ST-ZIP EATON TOWN NJ 07224

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

727-585-6333
Date Daytime Phone #

0419165

CR2E034 (11/98)