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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069 162

1. Corporation Name Strategic Properties, Inc.

Principal Place of Business

Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 5 Principal Place of Business 301 S Mis 2a. Mailing Address 4. FEI Number Applied For Missouri 301 S. Missouri 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible \square No Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MachE 82 Street Address (P.O. Box Number is Not Acceptable) 301 S. Missouri Aue 83 Clearwater, FC 33756 84 City 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) (11/98)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition Change TITLE □ DELETE 1.1 TITLE yesse, mark 5 CR2E034 NAME 1.2 NAME 301 S. Missouri Aue STREET ADDRESS 1.3 STREET ADDRESS Cleamenter FL 33756 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE John M. Schaible 2.2 NAME 220 Fairwood Ave #77 2.3 STREET ADDRESS STREET ADDRESS <u>Clearwater</u>, FL 34619 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE ☐ DELETE ☐ Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.