SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1996	Secretary DIVISION OF CO			
DOCUMENT # P95	000081661 (7)			
STROHMEIER COMMUNICATIONS INC.				
Principal Place of Business	Mailing Address		f 180)1301 110 10191 01111 adult part	(ii) Adidi läiät liäiä diiis aiist 1181 isa:
310 FAIRWOOD AVENUE STE 93		310 FAIRWOOD AVENUE STE 93 CLEARWATER FL 34619		
CLEARWATER FL 34619	CLEARWATER FL 34619			3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21	26			\$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζιρ	Country	8. This corporation has liability for	intangible tax under s. 199.032, Yes No
24 25	29	30	Florida Statutes 10. Name and Address of New Re	
	f Current Registered Agent	81 Name		
STROHMEIER, KIRK	TE 03	82 Street Add	iress (P.O. Box Number is Not Accepta	ble)
SIO LAUMATED EL SAGAO		83		
OLLAWALLI E O 10 10				85 Zip Code
11. Pursuant to the provisions of Sections		84 City		FL
agent, I am familiar with, and accept of SIGNATURE Signature type for ground name of the	generation and the dissipation (DO CERS AND DIRECTORS	The Registered Agent's gnature reg	poration submits this statement for the plann's board of directors. Thereby acceptions when relief things. ADDITIONS/CHANGES TO OFF	CAN DIRECTORS IN 12
TITLE P	DELETE		enter excession	State of the state
NAME STROHMEIER, KIRK	MUE OTE 02	1.2 NAME 1.3 STREET ADDRESS		בון בי
STREET ADDRESS 310 FAIRWOOD AVE		1 4 CITY - ST - ZIP		
TITLE CHARWATER FL 34	DELETE	2 1 TITLE		Change Addition C
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS 2 4 CITY - ST - ZIP		
CITY-SI-ZiP TITLE	DELFTE	3 1 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3.3 STREET ADORESS		
CITY-ST-ZIP	DELETE	3.4 CiTY-ST-ZIP 4.1 TITLE		Change Addition
TITLE NAME		4 2 NAME		
STREET ADDRESS		4 3 STHEET ADDRESS		
CiTY-S1-ZIP	DELETE	4.4 CITY - \$1 - ZIP 5.1 TILLE		Change Addition
TITLE		5.2 NAME		
NAME STREET ADDRESS		5 3 STREET ADDRESS		
CITY - ST - ZIP		5 4 CITY - ST - ZIP		Change Addition
TITLE	DELETE	6 1 TITLE		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
NAME		6 2 NAME 6 3 STREET ADDRESS		
STREET ADDRESS	1/1/	6 4 City . \$1 . 7/0		Control Control
14. I do hereby certify that the informati		furnished and does not c	jualify for the exemption stated in Section lie and accurate and that my signature	
further certify that the information in made under oath, that I am an office that my name appears in Block 12 c	er or director of the corporation or the ri	ecewer or trustee emicow	ered to execute this report as required t	by Chapter 617, Florida Statules, and
			8/6/96	813-725-0198
SIGNATURE:	MOTYPED OR PRINTED NAME OF SIGNING OFFIC	ER OR DIRECTOR	Date	EJaytin e Phone #