FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000085147 (3)

Corporation Name STRAUB CHAI	rters inc.	(5	,		
Principal Place of Bosines	3S	Maing Address			J0131 18181 B1781 11814 B1811 1881 1881
440 RPYAL PALM WAY SUITE 202 PALM BEAHC FL		440 RPYAL PALM WA SUITE 202 PALM BEAHC FL	Υ	Date Incorporated or Qualified	Date of Last Report
				11/06/1995	
2. Principal Place of Bus		2a. Mailing Address	Dalm Way	4. FEI Number 65-0626080	Applied For
21 440 Royal	Paim way	26 4 4 0 Roya 1 Suite, Apt #, etc.	Palii Way	03-002000	Not Applicable \$8.75 Additional
Suite Apt. #, etc. 22 Suite 202		27 Suite 202		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Palm Beach	n, FL	28 Palm Beach	h, FL	Trust Fund Contribution	Added to Fees
^{Ziji} 24 33480	Country 25 USA	29 33 4 80	Country 30 USA	8. This corporation has liability for intang Florida Statutes	
9. Nan	ne and Address of Curre	ent Registered Agent		10. Name and Address of New Regis	tered Agent
			81 Glen	n E. Straub	
4521 PGA BLVD.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable) Royal Palm Way	
SUITE 211			83 511 +	e 202	
PALM BEACH G/	ARDENS FL 33418		84 City	<u> </u>	85 Zip Code
			<u> Palm</u>	Beach	FL 33480
or registered agent	or both, in the State of Flo	orida. Such change vu rs authori	ized by the corporation s bo	poration submits this statement for the purpose pard of directors. I hereby accept the appointm	i of changing its registered office nent as registered agent. I am
familiär with, and aco	cent the edigations of Se	Hor la Statute	es.		
SIGNATURE	act construct frame of registered age	out Attroops if Assured above	6 (8nn F. 0†f) 1011: Registered Agert signature regi	1-7-7] 1/4/4/27	2-12-96
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
THE D		☐ DELETE	1 1 TITLE	p	Change X Addition
NAME STRA	ub, george e			Straub, Glenn E.	
	0 ROYAL PALM WAY,	SUITE 202	1.3 STREET ADDRESS	440 Royal Palm Way,	Suite 202
•	BEACH FL 33480		1 4 CITY - ST - ZIP	Palm_Beach, FL_33480	
Tillf		□ DE: FTE	2 1 T(T), F		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ACORESS			2 3 STREET ADDRESS 2 4 CITY - ST- ZIP		
City St-200		DETEN	3 1 THTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City St-2if:			3.4 CiTY+S1+ ZiP		
TOLE		☐ DELETE	4 1 TITLE		Change Addition
N4ME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C TY+\$1-ZP		FT BELET	4.4 CITY ST ZIP		☐ Change ☐ Addition
Ti'LE		DETELE	5 1 TBLF		☐ Onlings ☐ MiddleOff
NAM!			5.2 NAME 5.3 STREET ADDRESS		
STHEET ACORESS			5 4 CITY - ST - ZIP		
CHY ST ZIP		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
S RELL ADDRESS			63 STREFT ADDRESS		
C(D - S1 - 7)C			64 CITY-ST-7IP		
I conditional throughout	coation indicated on this as	anual toport or surpulamental an	noual report is fally and acc	fy for the exemption stated in Section 119.07(3 turate and that my signature shall have the same	ne legal effect as it mage unger
L oath That Lam an o	afficer or director of the cor	rporation or the receiver or trust or on an attachment with all ad-	toe empowered to execute	this report as required by Chapter 607, Florida	Statutes; and that my name

SIGNATURE: SIGNATURE AND TYPED OR PRIN SIGNING OFFICER OR DIRECTOR 2/12/96 (407)665-4441