

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000088399 (7)**

1. Corporation Name

STRATEGIC VENTURES USA, INC.

Principal Place of Business

**907 SE TENTH AVENUE
OCALA FL 34471**

Mailing Address

**907 SE TENTH AVENUE
OCALA FL 34471**



2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

29

30

3. Date Incorporated or Qualified
11/16/1995

3a. Date of Last Report
INITIAL RETURN

4. FEI Number
59-334 9007

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**RABINOWITZ, MICHAEL J
907 SE TENTH AVENUE
OCALA FL 34471**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	PRESIDENT, DIRECTOR
NAME	RABINOWITZ, MICHAEL J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	907 SE TENTH AVENUE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE
NAME		2 2 NAME
STREET ADDRESS		2 3 STREET ADDRESS
CITY-ST-ZIP		2 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE
NAME		3 2 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY-ST-ZIP		3 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE
NAME		4 2 NAME
STREET ADDRESS		4 3 STREET ADDRESS
CITY-ST-ZIP		4 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY-ST-ZIP		5 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY-ST-ZIP		6 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael J. Rabinowitz **Michael J. RABINOWITZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

352/620-8000

Daytime Phone #

CR2E034 (12/95)