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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P9600000384 (3)

STRIKE FOX, INC.

## **FILED** May 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										{
2601 N.W. 48TH STREET 2601 N.W. 48					2601 N.W. 48TH ST	STREET				
POMPANO BEACH FL 33073					POMPANO BEACH FL 33073					DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified			
										12/21/1995
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For
21			26						NOT APPLICABLE Not Applicable	
Suite, Apt. #, etc.			27						5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stato			28	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Соп	intry		Zip	C	ountr	у		8. This corporation owes or has paid the current year Intangille
24			29		30				Personal Property Tax due June 30.  Yes No	
								10. Name and Address of New Registered Agent		
MANCINI, DAVID A								L.		
2601 NW 48TH ST. POMPANO BCH FL 33073			33073				82		reet Addre	ess (P.O. Box Number is Not Acceptable)
							B3	1		
							84	Ci	ly	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 holfs, 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, tylind	or printed n	ame of required age	~		NOT( : Registe	red Ag	jent sig	mature required	AVIATI POCIOI 414448  ed when reinstating) DATE
12.	- 6.5		OFFICERS AND	DIREC		13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	MII DAY	MD 4		L. DELETE		TITLE			L_ Change
NAME		INI, DAV	TH STREET				NAME			
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NAME	}					1	NAME			
STREET ADDRESS							STREET		IESS	
CITY-ST-ZIP							CITY-S			
	certify that th	e informa	ation supplied wi	th this f	iling does not qualif					Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report of 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 a 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.