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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000028848 (5)

1. Corporation Name
FIRST STRIKE, INC.

Principal Place of Business
530 OCEAN DRIVE #701
JUNO BEACH FL 33408

Mailing Address
530 OCEAN DRIVE #701
JUNO BEACH FL 33408-1947



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/02/1996		3a. Date of Last Report	
21	13205 US HWY ONE	26	13205 US HWY ONE	4. FEI Number 65-0658590		Applied For Not Applicable	
Suite, Apt. #, etc. SUITE 535		Suite, Apt. #, etc. SUITE 535		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State JUNO BEACH, FL		City & State JUNO BEACH, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip 33408	25	Country USA	29	Zip 33408	30	Country USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent

KOBLITZ, KYLAN
530 OCEAN DRIVE #701
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name KYLAN KOBLITZ
82 Street Address (P.O. Box Number is Not Acceptable)
3202 MORNING GLORY #103
83
84 City PG GARDENS FL 85 Zip Code 33410

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 *Kylan Koblitz* KYLAN KOBLITZ 4/13/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBLITZ, KYLAN	1.2 NAME	KYLAN KOBLITZ
STREET ADDRESS	530 OCEAN DRIVE #701	1.3 STREET ADDRESS	3202 MORNING GLORY #103
CITY - ST - ZIP	JUNO BEACH FL 33408	1.4 CITY - ST - ZIP	PG GARDENS, FL 33410
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	NEAL KOBLITZ
STREET ADDRESS		2.3 STREET ADDRESS	74 BROWNE ST. #2
CITY - ST - ZIP		2.4 CITY - ST - ZIP	BROOKLINE, MA 02146
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TOM MESSLER
STREET ADDRESS		3.3 STREET ADDRESS	530 OCEAN DR. #701
CITY - ST - ZIP		3.4 CITY - ST - ZIP	JUNO BEACH, FL 33408
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 registrar 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: *Kylan Koblitz* 4/13/97 561-776-9600
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)