

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90201 041 ***150.00

DOCUMENT # P96000028848

1. Corporation Name
FIRST STRIKE, INC.

Principal Place of Business

13205 US HWY ONE
SUITE 535
JUNO BEACH FL 33408
US

Mailing Address

13205 US HWY ONE
SUITE 535
JUNO BEACH FL 33408
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KOBLITZ, KYLAN
3202 MORNING GLORY, SUITE 103
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1996

4. FEI Number

65-0658590

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☒ No

10. Name and Address of New Registered Agent

81 Name

Kylan Koblitz

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

630 Ocean Drive Apt 206

83

84 City

Juno Beach

FL

85 Zip Code

33408

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

KYLAN KOBLITZ President

DATE

1/22/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT
KOBLOITZ, KYLAN
STREET ADDRESS 3202 MORNING GLORY, #103
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME V
KOBLOITZ, NEAL
STREET ADDRESS 530 OCEAN DRIVE 701
CITY-ST-ZIP JUNO BCH FL 33408

TITLE ☐ DELETE

NAME S
MESSLER, JOAN
STREET ADDRESS 530 OCEAN DR, #701
CITY-ST-ZIP JUNO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DPT
Kylan Koblitz
1.3 STREET ADDRESS 630 Ocean Drive Apt 206
1.4 CITY-ST-ZIP Juno Beach, FL 33408

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KYLAN KOBLITZ 1/22/99 561-776-9600

Date

Daytime Phone #

CR2E034 (11/98)

0367431