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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000033970**1. Corporation Name

STRATEGIC LEADERSHIP, INC.

Principal Place	e of Business	Mailing Address				-\			60 11 00 11 1001
3001 BAY VILL		3001 BAY VILLA							
TAMPA FL 33611 TAMPA FL 33611									
						DO NOT WRITE IN	THIS SP	ACE	
						3. Date Incorporated or Qualifed			
0.00	(D.::	2n Mailing Address				04/17/1996 4. FEI Number		I And	plied For
	lace of Business	2a. Mailing Address				59-3375761			t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				1	. \$	8.75 A	
22	#, CtG.	27				5. Certificate of Status Desired	•	Fee Re	quired
City & Stat	le .	City & State	-4//			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun	ry		8. This corporation owes the current y			_/
24	25	29	30			Personal Property Tax.			ØNo
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Regis	tered Age	<u>nt</u>	
CTD	ALII DDDOC I] [11 Na	me				}
STRAHL, BRUCE J 3001 BAY VILLA			8		eet Addre	ess (P.O. Box Number is Not Acceptable)			
			-	_			_		
IAW	PA FL 33611			13					
			Ε	4 Cit	у		FL 8	5 Zip C	Code
		2500 L 207 4500 El-it- State	455-		mad corns	viction submits this statement for the num		nging its	registered
office or r	agistored agent or both in the Sta	ite <i>r</i> at Florida. Such change was a	utnonzea t	ov ine (corporation	oration submits this statement for the purp n's board of directors. I hereby accept the	appointme	ent as reg	istered ·
agent La	m familiar with, and ancept the old	idations of Section 607 0505. Flor	rida Statuti				,		I .
again. To		Maioris of, occitor corrector, and	ilaa Olaloi	85.		ila-i	00		
SIGNATURE	1311. Thum	<i>y</i>			there required	yhen reinsteting) 1/25/	99 ATE		
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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 arn an officer or director of the corporation or the receiver or trustee emplowered 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 any other same legal effect as if made under oath; that I arn an officer or director of the corporation or the receiver or trustee emplowered 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 and the property of the corporation of the corporation or the receiver or trustee employees.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP