

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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000042725 (7)**

1. Corporation Name
STRATEGYN, INC.



Principal Place of Business 106 NORTH LAKE DRIVE LAKE WORTH FL 33462	Mailing Address 106 NORTH LAKE DRIVE LAKE WORTH FL 33462-3241
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1996	3a. Date of Last Report
21		26		4. FEI Number 65-0676753	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23		28		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ULWICK, ANTHONY W 106 NORTH LAKE DRIVE LAKE WORTH FL 33462				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11 TITLE	VP/C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ULWICK, ANTHONY W			12 NAME			
STREET ADDRESS	106 NORTH LAKE DRIVE			13 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33462			14 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		21 TITLE	D/T/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				22 NAME	AURAN, Mitchell D.		
STREET ADDRESS				23 STREET ADDRESS	801 N. Atlantic Dr		
CITY-ST-ZIP				24 CITY-ST-ZIP	Lantana, FL 33462		
TITLE		<input type="checkbox"/> DELETE		31 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				32 NAME	Wengert, Wilson S.		
STREET ADDRESS				33 STREET ADDRESS	6 Sabal Island Dr		
CITY-ST-ZIP				34 CITY-ST-ZIP	Ocean Ridge, FL 33465		
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 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: *Anthony W. Ulwick* 4/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)