

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUN 30 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058559 (1)

1. Corporation Name

MATTHEW J. STRAUS, INC.

Principal Place of Business

629 DOLPHIN RD  
WINTER SPRINGS FL 32708

Mailing Address

629 DOLPHIN RD  
WINTER SPRINGS FL 32708-3107

3. Date Incorporated or Qualified

07/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3396974

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

STRAUS, MATTHE J  
629 DOLPHIN RD  
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

10000222221-7

07/08/97-01003-006

\*\*\*\*165.00 \*\*\*\*165.00

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT / TREASURER ☐ DELETE

NAME MATTHEW J STRAUS  
STREET ADDRESS 629 DOLPHIN RD  
CITY-ST-ZIP WINTER SPR., FL. 32708

TITLE VICE PRESIDENT / SECRETARY ☐ DELETE

NAME CANDICE L STRAUS  
STREET ADDRESS 629 DOLPHIN RD  
CITY-ST-ZIP WINTER SPR., FL. 32708

TITLE VICE PRESIDENT ☐ DELETE

NAME MR WERNER STRAUS  
STREET ADDRESS 1512 PALISADES AVE  
CITY-ST-ZIP FORT LEE, N.J. 07024

TITLE ☐ DELETE

NAME MRS. HILDE STRAUS  
STREET ADDRESS 629 D  
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ DELETE

NAME MRS. HILDE STRAUS  
STREET ADDRESS 1512 PALISADES AVE  
CITY-ST-ZIP FORT LEE, N.J. 07024

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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

SIGNATURE REQUIRED

5-1-97

407-322-2843

CR2E034 (9/96)