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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000075296 (9)

STRATEGIC FUNDING, INC.

## FILED May 18 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		1 1401(48) (10 10113 \$11(1 0011) 401(1 4011)	INITIAL COLOR COLOR COLOR DESCRIBIO
610 S. MILITARY TRAIL DEERFIELD BEACH FL 33442		610 S. MILITARY TRAIL DEERFIELD BEACH FL 33442			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				09/09/1996	
2. Principal P	lace of Businoss	2a. Mailing Address		4. FEI Number	Applied For
21 550	FAIRWAY DR.	26 .550 FA	irum Dr	65-0786020	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22 105A		27 1056		5. Optimizate of States Bearing	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
53 <u>Deer</u>		28 Deept	ON BROW		Added to Fees
Zip Com OoA	4-1 25 U.S.A	29 3344\	Country	This corporation owes or has paid     Personal Property Tax due June 30	
24 334	9. Name and Address of Curren		<u>A. 2.0   06   </u>	10. Name and Address of New Regis	
	HULTZ, JEFFREY L	Jeffeer L. Schar			
				ddress (P.O. Box Number is Not Acceptable	<u>-</u> .
DEERFIELD BEACH FL 33442				550 FAIRWA & UR 105	284
			84 City	Leon Fall Perch	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0502	2 and 607 1508 Florida St	atutes, the above-named o	corporation submits this statement for the pur	pase of changing its registered
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 accord the obligations of, Soction 607.0505, Florida Statutes.					
SIGNATURE	Stantage, typed or in steed native of registered right		(NOTE: Registered Agent signature re	equired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	SCHULTZ, JEFFREY L		1.2 NAME		
STREET ADDRESS	5322 N.W. 9 LAND LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY - ST - ZIP		
TITLE	VP .	☐ DELETE	2.1 TITLE		Change Addition
NAME	ROSEN, MICHAEL		22 NAME		
STREET ADDRESS	6284 LA CORTA DR. #D		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		2. 4 CITY-ST-ZIP		
TITLE	\$T	☐ DÉLETÉ	3.1 TITLE		Change Addition
NAME	<b>\$C</b> HULTZ, KATHY		3.2 NAME		
STREET ADDRESS	5322 N.W. 92ND LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ÇORAL SPRINGS FL 33067		3.4. CITY - \$1 - ZIP		
TITLE	_	☐ OELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - ZIP		
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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 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.