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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000076051

CITY-ST-ZIP

STRATF	ORD MANAGEMENT COMPA	any, inc.			
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Principal Plac	ce of Business	Mailing Address			ERIKI IRRIA BKIIK BRIDI OHIRK HÖH IRRI
5601 TURTLE E		2841 EXECUTIVE DRIVE		•	
1904	DAT DI	SUITE 220			
NAPLES FL 33	963	CLEARWATER FL 33762		DO NOT WRITE IN 1	THIS SPACE
US	÷ .	US		3. Date Incorporated or Qualifed	
,	× 1			09/12/1996	
2. Principal F	Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21		26		59-3399071	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23	·	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25]	29	30	Personal Property Tax.	☐Yes (YNo
1	9. Name and Address of Curren			10. Name and Address of New Registe	
		<u> 1</u> 11 (47.11)	81 Name		
GAS	SSMAN, ALAN S.ESQ.				·
S 33 11245	5 COURT STREET	h garage delife a	82 Street Add	dress (P.O. Box Number is Not Acceptable)	•
SUIT	TE 102		83	The state of the s	 (2) 1987 (1) 2759 (24) 元章 元章 (25) (25) (25) (25) (25) (25) (25) (25)
CLE	ARWATER FL 34616			· · · · · · · · · · · · · · · · · · ·	
			84 City	The second secon	85 Zip Code
THE THE TAIL OF	on' 110	0 4 007 4500 Florida			PL
11. Pursuant	redictored agent or both in the State i	of Florida: Such change was a	es, the above-named col	rporation submits this statement for the purpos	e of changing its registered;
oπice or r		OFFICIOLO. SUCH CHAILDS WAS A	umonzeu by me corpora	ition's board of directors, I hereby accept the at	obointment as registered 🖾 🗀
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statutes.	inon's board of directors. I nareby accept the a	opointment as registered
office of f agent. I a ुं SIGNATURE	am familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statutes.		为这种基础。
agent. La SIGNATURE	am familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statutes. Registered Agent signature requi	ired when reinstating)	
SIGNATURE	am familiar with, and accept the obligat Signature, typed or printed name of registered egen OFFICERS AN	tions of, Section 607.0505, Flo It and title if applicable. (NOTE ID DIRECTORS	rida Statutes. Registered Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
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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 chapter or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90018 047 ***150.00