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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037041

1. Corporation Name

STRAYCATS DESIGN STUDIO, INC.

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90046 048 ***150.00



					<u> </u>	i Islah l ub hi un	ANS BIBBS SIDE SEDI
Principal Place	of Business	Mailing Address					
1364 LA CLEDE JACKSONVILLE		1364 LA CLEDE AVE JACKSONVILLE FL 32205		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 04/24/1997	017102	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	6		59-3441184		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			
22		27 <u></u>				Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution		ed to Fees	
Zip			Country		8. This corporation owes the current year in	tangible □Yes	□No
24	25	29 30	L		Personal Property Tax. 10. Name and Address of New Registered		
·	9. Name and Address of Curren	t Registered Agent	81	Name	to. Name and Address of New Registered	Agent	
RENE	FROE, THERESA A		<u> </u>				
1364 LA CLEDE AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		}
	(SONVILLE FL 32205		83				
5,101	O TOTAL TE SEED						
•			84	City	Fl	85 Zi	ip Code
agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the state	tions of, Section 607.0505, Florida	Statutes	tre corporatio	on's board of directors. I hereby accept the appo		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Chang	ge 🗌 Addition
NAME	RENFROE, THERESA A		1.2 NAME				
STREET ADDRESS	1364 LA CLEDE AVE		1.3 STREE	T ADDRESS			1
CITY-ST-ZIP	JACKSONVILLE FL 32205		1.4 C/TY-S	T-ZIP	<u> </u>		
TITLE	D	☐ DELETE	2.1 TITLE			☐ Chang	ge . Addition
NAME	BROWN, SUE		2.2 NAME	}			1
STREET ADDRESS	1364 LA CLEDE AVE		2.3 STREE	T ADDRESS			İ
CITY-ST-ZIP.			2.4 CITY-5	T-ZIP			
TITLE	-	DELETE 3.11		, —		Chang	ge DAddition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-8	ST-ZIP		☐ Chang	ge
TITLE		☐ DELETE	4.1 TITLE	}		□ C⊪ang	% D Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			,	T ADDRESS			}
CITY-ST-ZIP		√ DELETE	4.4 CITY+S	T-ZIP		Chang	ge Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				30 1 100 100 I
NAME				TADDRESS			ļ
STREET ADDRESS			-				ļ
CITY-ST-ZIP		FIRE	5.4 CITY-S 6.1 TITLE	I-ZIP		☐ Chan	ge Addition
TITLE		☐ DELETE	6.2 NAME				92 [] 740010011
NAME				TADORESS .			
STREET ADDRESS				ľ			İ
CITY-ST-ZIP	1		6.4 CITY-S	1-211			

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 strue 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 chapged, or on a attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

DENT 3/28/99 783-395

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