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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000081754 (8)

1. Corporation Name
STRIKE FORCE, INC. OF PALM BEACH

Principal Place of Business
187 W CAMINO REAL
BOCA RATON FL 33432

Mailing Address
187 W CAMINO REAL
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 232 SE 1ST ST
Suite, Apt. #, etc.
22
City & State
23 Gainesville, FL
Zip 24 32601 Country 25 USA

2a. Mailing Address
26 232 SE 1ST ST
Suite, Apt. #, etc.
27
City & State
28 Gainesville, FL
Zip 29 32601 Country 30 USA

3. Date Incorporated or Qualified
09/19/1997

4. FEI Number
59-3469712 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PLATTER, WILLIAM L
187 W CAMINO REAL
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0403 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 Drew DeMaio DATE 2/7/98
(Type or Print Name) (If New Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DEMAIO, DREW	
STREET ADDRESS	PO BOX 11502 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE	D	☐ DELETE
NAME	SWEETING, MATTHEW L	
STREET ADDRESS	PO BOX 11502 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (10/97)

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 report or supplemental 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 above or on an attachment with an asterisk.

SIGNATURE: 2/7/98 (352) 372-6248