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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98

P97000109177 (0) DOCUMENT #

STRATEGIC NETWORKS, INC.

Principal Place of Business Mailing Address 11303 REGAL SQUARE DRIVE 11303 REGAL SQUARE DRIVE TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 Yes ☐ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BEAM. MICHAEL E 6640 CONGRESS STREET 82 Street Address (P.O. Box Number is Not Acceptable) NEW PORT RICHEY FL 89817 34653-2804 83 84 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or portled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE Addition 1.1 TITLE **RISLER, JAMES** NAME 1.2 NAME 11303 REGAL SQUARE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **TEMPLE TERRACE FL 33617** CITY-ST-ZIE 1.4 CITY-ST-ZIP DELETE TITLE 217/16 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$T-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**FILED** May 19 1998 8:00am Secretary of State



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 trusted 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition