

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90086 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000052564

1. Corporation Name
B.F. STROMAN & ASSOCIATES, INC.

Principal Place of Business
706 N.W. 1ST AVE.
FT. LAUDERDALE FL 33311

Mailing Address
706 N.W. 1ST AVE.
FT. LAUDERDALE FL 33311



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1998

4. FEI Number
262-54-7865

5. Certificate of Status Desired Applied For
Not Applicable

6. Election Campaign Financing Trust Fund Contribution \$8.75 Additional Fee Required

7. \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 706 NW 1st Ave
Suite, Apt. #, etc.

22

23 City & State
Ft Lauderdale Fla

24 Zip
33311

25 Country
Broward

26 706 NW 1st Ave
Suite, Apt. #, etc.

27 SVA

28 City & State
Ft Lauderdale Fla

29 Zip
33311

30 Country
Broward

9. Name and Address of Current Registered Agent

RHODES, HOLLIS
706 N.W. 1ST AVE.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
Hollis RHODES

82 Street Address (P.O. Box Number is Not Acceptable)
706 N W 1st Ave

83

84 City
Ft Lauderdale FL 85 Zip Code
33311

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Hollis Rhodes* Hollis RHODES 3/5/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENJAMIN F. STROMAN
1.3 STREET ADDRESS	706 N.W. 1ST AVE
1.4 CITY-ST-ZIP	FT LAUD FL 33311
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
4-13-99(954)764-8708
Date Daytime Phone #

CR2E034 (11/98)