


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90171 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000063215

1. Corporation Name
STRATEGIES PLUS, INC.

Principal Place of Business
 110 CENTRAL DR.
 BRANDON FL 33510-4320

Mailing Address
 110 CENTRAL DR.
 BRANDON FL 33510-4320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number

59-3531379

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 the current year Intangible
 Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

TOMPKINS, HOWARD C II
 110 CENTRAL DR.
 BRANDON FL 33510-4320

10. Name and Address of New Registered Agent

81 Name **Howard C. Tompkins, II**
 82 Street Address (P.O. Box Number is Not Acceptable)
1706 South Kings Avenue
 83
 84 City **Brandon** FL 85 Zip Code **33511**

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 *Howard C. Tompkins, II*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **DS**
 STREET ADDRESS **PADRON, ANNA R**
 CITY-ST-ZIP **3000 NW 30TH ST. MIAMI FL 33142**

TITLE ☐ DELETE
 NAME **DP**
 STREET ADDRESS **PADRON TOMPKINS, ELIZABETH**
 CITY-ST-ZIP **110 CENTRAL DR. BRANDON FL 33510-4320**

TITLE ☐ DELETE
 NAME **DVPT**
 STREET ADDRESS **TOMPKINS, HOWARD C II**
 CITY-ST-ZIP **110 CENTRAL DR. BRANDON FL 33510-4320**

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

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS **1706 South Kings Ave**
 2.4 CITY-ST-ZIP **Brandon, FL 33511-6216**

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS **1706 South Kings Ave**
 3.4 CITY-ST-ZIP **Brandon, FL 33511-6216**

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 *Howard C. Tompkins, II*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 813.685.7564
 Date Daytime Phone #

CR2E034 (1/98)