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NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. PAGE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #

DORNONOTROR

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

09-01-1999 90003 040 ***150.00

| STRATEGIC I/O, INC. Principal Place of Business 9365 NORTHWEST 18TH COURT PLANTATION FL 33322 2. Principal Place of Business 2a. Mailing Address 2a. Mailing Address | | | | | | • | { | | |
|---|------------------|--|-----------------|---|---------------------------------------|--|---|--|--|
| STRATEGIC I/O, INC. | | | | | | | | | |
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| Principal Place of Business Mailing Address | | | | | | | t tablings the state takes while dates abili butte butte butte takes attended takes | | |
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| PLANTATION FL 33322 PLANTATION FL 33322 | | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | | 3. Date Incorporated or Qualified | |
| | | | | | | | | 11/20/1998 | |
| 2. Principal P | lace of Busi | ness | 2a, M | lailing Address | | | | 4. FEI Number Applied For | |
| ੋਂ ਜ | | | 26 | 26 | | | | 65-037 8666 Not Applica | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additiona | |
| 22 - | | <u> </u> | 27 | | | | | Fee Required | |
| City & Stat | te | | ├ ── | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 3 | | , | | (28) | | | | Trust Fund Contribution Added to Fees | |
| Zip | | Country | Zi | ιb | | intry | | 8. This corporation owes the current year Intangible Personal Property. | |
| 24) | a Marea | 25 and Address of Curr | 29 | red Agent | 30 | , | | intangible Personal Property. Yes No 10. Name and Address of New Registered Agent | |
| | a. reaine | and Address of Cur | eur vañista | en with | | 81 | Name | 14 | |
| AM | IERILAWYE | R | | | | | | | |
| | 3 ALMERIA | | | | | 82 | Street Addi | ress (P.O. Box Number is Not Acceptable) | |
| CO | IRAL GABL | ES FL 33134 | | | | 83 | | | |
| | | | | | | | | | |
| | | | | | | 84 City FL 85 Zip Code | | | |
| 11. Pursuant | t to the provi | sions of sections 607.0 | 502 and 607. | 1508, Florida Statut | es, the ab | ove- | named corpo | pration submits this statement for the purpose of changing its registered | |
| office or | registered a | gent, or both, in the St. vith, and accept the ob | ate of Florida. | . Such change was | authorize | d by | the corporati | ion's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE | | ini, and accept the co | ngoustie oi, e | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | - | | |
| SIGNATURE | Signature, typed | or printed name of registered | | | | red A | gent signature req | guired when reinstating) DATE | |
| 12. | | OFFICERS | AND DIRECT | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PSTD | | | T DEFELE | 1.1 TI | | | Change Addi | |
| NAME TURK, JEFF | | | OUDT | | 1.2 N | | | | |
| STREET ADDRESS 9365 NORTHWEST 18TH CO | | | OURI | | 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | | |
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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.

SIGNATURE:

(954)452-3773

I phoned your office in June To inquire about check not clearing Book. I was told no record, However could be in processing now. I recieved your late-Fee end of July, Phoned and was told to send \$150.00 in again & this would take-care of films Fee.

Jeff tut