

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **S07102** (4)

1. Corporation Name

SCOTT STRAWBRIDGE, INC.

95 MAY -1 AM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1518 SW 10 AVE
FT LAUDERDALE FL 33315

Mailing Address

1518 SW 10 AVE
FT LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **10/19/1990** 3b. Date of Last Report **08/11/1994**

4. FEI Number **65-0224560** 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 has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 State Apt # etc.

22 City & State

24 Zip

2a. Mailing Address

25 State Apt # etc.

26 City & State

28 Zip

2b. Mailing Address

27 State Apt # etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

STRAWBRIDGE, SCOTT
1518 SW 10 AVE
FT LAUDERDALE FL 33315

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 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

Signature of Secretary of State (to be printed)

Signature of Registered Agent (to be printed)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	STRAWBRIDGE, SCOTT	1518 SW 10 AVE	FT LAUDERDALE FL
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 STREET ADDRESS	
13 CITY, ST, ZIP	
14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is substantially furnished and does not comply for the exceptions stated in Section 119.02(5)(b), Florida Statutes. I further certify that the information indicated on the 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 file this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of changed, or copy attachment with an address.

SIGNATURE: *Scott Strawbridge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 305-524-7530