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

**PROFIT CORPORATION ANNUAL REPORT** 1998



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(3)

STRACHER & HARMON, P.A.

## **FILED** May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								Ţ, , , , , , , , , , , , , , , , , , ,					
6363 NW 6TH WAY   STE. 420		6363 NW 6TH WAY SUITE 420					- 1						
FT. LAUDERD	ALE FL 33309	FT. LAUDERDALE FL 33309 US					DO NOT WRITE IN THIS SPACE						
US							3. Date Incorporated or Qualified 12/04/1990						
L '	ace of Business	2a. Mailing	Address					4. FEI Number			Applied For		
21		26					65-0237802			Not Applicable	<u> </u>		
Suite, Apt.		Suite, Apt. #, etc.					6. Certificate of Status Desired			Additional Required			
City & State	•	City & State					6. Election Campaign Financing	_		May Be			
23		Zip Country				$-\!$	Trust Fund Contribution			d to Fees	4		
Zip 24	Country	Zip		$\vdash$	intry	'		8. This corporation owes or has p	process process		Intangible  No		
24	25 29 30 30 Name and Address of Current Registered Agent							Personal Property Tax due June 30.  Yes No.					
HARMON, KURT S.								V. 114110 114 715010 01 11011 11	9.0.0.00			┪	
	3 NW 6TH WAY									· <del></del>		4	
	E. 420				82	Street A	Address	(P.O. Box Number is Not Accepta	ible)				
	LAUDERDALE FL 33309				83		<del></del>					٦	
					84	City			FL	85 Zi	p Code	7	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508	, Florida Statu	tes, the a	pove	-named c	corpora	tion submits this statement for the	purpose of	changing	j its registered	ᅥ	
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE Signature, typed or profesd owner of registered againt and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE													
12.	OFFICERS AND			13.	u Aye	in algrication is	- Eduled M	ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12	-15	
TITLE	D		DELETE	1.1 TI	TLE					Chang		,   }	
NAME	STACHER, LES			12 N	AME	1						13	
STREET ADDRESS	6363 NW TH WAY, SUITE 420		1			1.3 STREET ADDRESS						١	
CITY-ST-ZIP	ft. Lauderdale fl			1.4 0	ITY-S	T-ZIP						Š	
TITLE	D		DELETE	2.1 TI	TLE					☐ Chang	e Addition	. 6	
NAME	HARMON, KURT S			2.2 N	AME								
STREET ADDRESS	6363 NW 6 WAY, SUITE 420			2.3 \$1	TREET	ADDRESS							
CITY-ST-ZIP	ft. Lauderdale fl			2.40	ITY - S	ST-ZIP							
TITLE			DELETE	3.1 Tt	TLE					Chang	e 🔲 Addition	1	
NAME				3.2 N	AME	j						}	
STREET ADDRESS				3.3 S1	reet	ADDRESS							
CITY-ST-ZIP				3.4. 0	my-s	ST - ZIP							
TITLE			DELETE	4.1 TI	TLE					Chang	e 🔲 Addition	١	
NAME				4.2 N	AME								
STREET ADDRESS				4.3 S	TREET	ADDRESS							
CITY-ST-ZIP				4,4 CI	TY-S	T - ZIP						_	
TITLE			DELETE	5.1 Ti	TLE					Chang	e 🔲 Addition	1	
NAME				5.2 N									
STREET ADDRESS				5.3 \$1	TREET	ADDRESS						1	
CITY-ST-ZIP				5.4 C		T-ZIP			·····		<b></b>	_	
TITLE			DELETE	61 Ti		}				☐ Chang	e	1	
NAME				62 N		1						1	
STREET ADDRESS				635	REET	ADDRESS							
CFTY-ST-ZIP				6.4 C			<del> </del>			100 - 10 - 1 - 1		4	
14. Thereby o	ertify that the information supplied wit	n this tring do	as not qualify !	ror iné éxi	emp	tion stated	o in Sec	ction 119.07(3)(i), Florida Statutes.	i turther cer	tity that t	ne information	- 1	

to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in