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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

Principal Place of Business

S16438

(1)

STRATEGY, INC.

Mailing Address

**FILED** Apr 01 1998 8:00am Secretary of State



2531 LANDMARK DRIVE #E-201 CLEARWATER FL 34621-2564			2531 LANDMARK DRIVE #E-201 CLEARWATER FL 34621-2564			
		OLEANWAIEN F	L 34021-2304		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					11/30/1990	
2. Principal Place of Business		2a. Mailing Addr	2a. Mailing Address		4. FEI Number	Applied For
21		26	1 1		65-0236198	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		[27]	· _ • • · · · · ·			Fee Required
City & State		City & State	1		6. Election Campaign Financing	\$5.00 May Be
Zip Country		703	Zψ Country		Trust Fund Contribution	Added to Fees
24	25	F	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No	
	g. Name and Address of Curr	[29] ent Registered Agent			10. Name and Address of New Registered Agent	
C.T. CORPORATION SYSTEM				81 Name		
	00 PINE ISLAND ROAD				**************************************	
	ANTATION FL 33324		İ	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	WINION LE GOOZY		<u> </u>	ВЗ		
						. <del></del>
				B4 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.09	502 and 607.1508, Floric	la Statutes, the ab	ove-named co		<del>-</del>
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 agont, or both, in the State of Ionida, 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	Signature, typoif or printed name of regularied a	gent and tile if applicable	(NOTE: Registered	Agent signature req	guired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	PST	□ DE	L€TE 1.1 TH	LF .		Change  Addition
Name	schaer, alfred e.		1.2 NA	ME		
STREET ADDRESS 2531 LANDMARK DRIVE #E-201			1.3 \$16	REET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621-25			Y-ST-ZIP		
TITLE		☐ DE	LETE 2.1 TIT	.E		Change Addition
NAME			2.2 NA	ME		1
STREET ADDRESS			2.3 ST	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		□ D£				Change Addition
NAME			3.2 NA			}
STREET ADDRESS				REET ADDRESS		
CHTY-ST-ZIP		DĒ.		Y-ST-ZIP		Change Addition
TITLE		LJ VI				☐ Change ☐ Addition
NAME			4. 2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DE		Y-ST-ZIP		Change Addition
NAME		L) IX	5.2 NA	l		FT change FT Manifold
STREET ADDRESS	ı			REET ADDRESS		
***************************************						
CITY-ST-ZIP TITLE		DE DE		Y-ST-ZIP		Change Addition
NAME		_ , ,,	6.2 NA			change Mon(tot)
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			li i	Y-ST-ZIP		
0111-91-71L			0.4 GH	1-31-61		

14. Thereby 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 suppliemental 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 receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attrustment with an effects.

**SIGNATURE** 

813/292-3408