

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S46435** (1)  
1. Corporation Name  
**STRICKLAND & SEIDULE, A PROFESSIONAL ASSOCIATION**



Principal Place of Business  
**707 S.E. 3RD AVENUE, #400  
P O BOX 14246  
FT LAUDERDALE FL 33302**

Mailing Address  
**707 S.E. 3RD AVENUE, #400  
P O BOX 14246  
FT LAUDERDALE FL 33302**

2. Principal Place of Business  
21 **1401 E. Broward Blvd.**  
Suite, Apt. #, etc.  
22 **Ste. #303**  
City & State  
23 **Ft. Lauderdale, Fl.**  
Zip Country  
24 **33301** 25 **Broward** 29 **33302** 30 **Broward**

2a. Mailing Address  
26 **P.O. Box 14246**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Ft. Lauderdale, Fl.**  
Zip Country

3. Date Incorporated or Qualified **04/15/1991** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0255749** 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**STRICKLAND WILTON L  
707 S E THIRD AVENUE, 4TH FLOOR  
SUITE 601  
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1401 E. Broward Blvd, Ste. #303**  
83 **Ft. Lauderdale**  
84 City  
85 **FL** Zip Code **33301**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                        | STREET ADDRESS                  | CITY - ST - ZIP         | DELETE                   |
|-------|-----------------------------|---------------------------------|-------------------------|--------------------------|
|       | <b>DPS</b>                  |                                 |                         | <input type="checkbox"/> |
|       | <b>STRICKLAND, WILTON L</b> | <b>707 S.E. 3RD AVENUE #400</b> | <b>FT LAUDERDALE FL</b> |                          |
|       | <b>T</b>                    |                                 |                         | <input type="checkbox"/> |
|       | <b>STRICKLAND, WILTON L</b> | <b>707 S.E. 3RD AVENUE #400</b> | <b>FT LAUDERDALE FL</b> |                          |
|       |                             |                                 |                         | <input type="checkbox"/> |
|       |                             |                                 |                         | <input type="checkbox"/> |
|       |                             |                                 |                         | <input type="checkbox"/> |
|       |                             |                                 |                         | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS                      | 1.4 CITY - ST - ZIP              | Change                              | Addition                 |
|-----------|----------|---|----------------------------------|-------------------------------------|--------------------------|
|           |          | <b>1401 E. Broward Blvd., Ste. #303</b> | <b>Ft. Lauderdale, Fl. 33301</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|           |          | <b>1401 E. Broward Blvd., Ste. #303</b> | <b>Ft. Lauderdale, Fl. 33301</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|           |          |   |                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|           |          |   |                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|           |          |   |                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|           |          |   |                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|           |          |   |                                  | <input type="checkbox"/>            | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)