Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90139 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$86538**

1. Corporation Name

STRAUS	s investor services, ii	NC.							
Principal Place	of Rusiness	Mailing Address				- E LOBATION NON ADITO DISEN	#{ UUU { UU UU	JIR BEBEL BIÐU ÐU	HI DIDII BIBII IBDI
MR. JOSEF STRAUSS MR. JOSEF STRAUSS									
1243 PLUMOSA DR. 1243 PLUMOSA DR.									
FT. MYERS FL 33901 FT. MYERS FL 33901						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qu	alifed		
						10/10/1991			
2. Principal Pl	lace of Business .	2a. Mailing Address				4. FEI Number		⊢ +	Applied For
21		26				65-0297312			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desi	red 🗆	+ - · ·	5 Additional
22		27						- Fee	Required
City & State	e	City & State				6. Election Campaign Final	ncing	•	0 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Coun	ntry		8. This corporation owes the	e current year		
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of	New Register	ed Agent	
OTO	1400 100FF			81	Name				
	AUSS, JOSEF		T T	82	Street Addre	ss (P.O. Box Number is Not A	cceptable)		
	B PLUMOSA DR.								
FT. I	MYERS FL 33901			83					
	·.		-	84	City		<u> </u>	85 Z	ip Code
					•			²	·
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	oz and 607. 1506, Florida Statul	uthorized	10 V G-1	married corpo	n's board of directors. I bereby	accept the ap	pointment as	registered
office or r	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	nda Statu	tes.	ne corporation		DATE		
office or re agent. I a	m familiar with, and accept the oblig	ent and title if applicable. (NOTE	E: Registered A	tes.	ne corporation		DATE		
office or reagent. I as SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered eg OFFICERS A	ent and title if applicable. (NOTE	E: Registered A	Agent s	ne corporation	when reinstating)	DATE		TORS IN 12
office or ragent. I as SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE	Registered A	Agent s	ne corporation	when reinstating)	DATE	AND DIREC	TORS IN 12
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CITY-ST-ZIP 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 of 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 changes, if on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: