**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90130 047 \*\*\*150.00

## DOCUMENT # V02551

STROUP FINANCIAL SERVICES, INC.

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Principal Place	of Rusiness	Mailing Address				-		1011 01011 B1011 UI	(A) ( A) (A) (A) (A) (A) (A) (A) (A) (A)
3013 DEL PRADO BLVD		3013 DEL PRADO BLVD							
SUITE 2		SUITE 2				·			
CAPE CORAL F	L 33904	CAPE CORAL FL 33904			DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed			
						01/01/1992	· · ·	· · · · · ·	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			olied For
21		26			65-0294076	·		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Red		
22	**	27				<del> </del>		····	·
City & State		City & State			6. Election Campaign Financing		\$5.00 f		
23		28 Country			Trust Fund Contribution Added to rees				
Zip Country		Zip Country 29 30				8. This corporation owes the current year Intangible Personal Property Tax.   Yes  No			
24	25	<del></del>	30			10. Name and Address of New	Registered	<del></del>	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Currer	nt Registered Agent		B1 Na	me	IV. Hame and Address of Her	regiotorea	, 1 <del>9</del> 0	_
STRO	DUP, LAVADA M.								_
3013 DEL PRADO BLVD		82 Street		eet Addre	ss (P.O. Box Number is Not Accept	able)			
SUIT			-	83					_
	E CORAL FL 33904								
0,4.	2 00/11/2 / 2 0000 /	•	T T	84 Cit	у		FL	85 Zip C	Code
	to the provisions of Sections 607.050	22 CO7 4500 Florida Statuto	c the ph		ned corpo	ration submite this statement for the		changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was au	itnonzea i	by the c	corporation	n's board of directors. I hereby acce	pt the appoi	ntment as reg	istered
agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statut	tes.					i
SIGNATURE		ANOTE:	Panietared A	oest riess	ture required	when reinstating)	DATE		\
	Signature, typed or printed name of registered age	**************************************	Registered A	lgent signa	eture required	when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AN	ant and title if applicable. (NOTE: ND DIRECTORS			eture required			D DIRECTO	RS IN 12
<b>12.</b> πιε	OFFICERS AN	ND DIRECTORS	13. 1.1 ΠΤL	E	eture required				
12. TITLE NAME	OFFICERS AN PD STROUP, WILLIAM D.	ND DIRECTORS	13. 1.1 TITL 1.2 NAM	E 1E					
12. TITLE NAME STREET ADDRESS	OFFICERS AN PD STROUP, WILLIAM D. 524 SW 35 ST	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E AE REET ADOF					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD STROUP, WILLIAM D. 524 SW 35 ST CAPE CORAL FL	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	E ME REET ADOF					
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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 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 of 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 with all other like empowered.