

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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V04205
1. Corporation Name
STRATEGIC PARTNERS, INC.

Principal Place of Business Mailing Address
**104 Crandon Blvd.
Suite 427
Key Biscayne, FL 33149** **104 Crandon Blvd.
Suite 427
Key Biscayne, FL 33149**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite Apt #, etc Suite Apt #, etc
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
12/30/1991

4. FEI Number Applied For
65-0301661 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 § 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**Renaldy J. Gutierrez
601 Brickell Key Drive, Ste. 501
Miami, Florida 33131-2651**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE **Director/President**
NAME **John R. Thomson**
STREET ADDRESS **104 Crandon Blvd., Ste. 427**
CITY ST ZIP **Key Biscayne, FL 33149**

TITLE **Vice President / DIRECTOR**
NAME **Maria I. Thomson**
STREET ADDRESS **104 Crandon Blvd., Ste. 427**
CITY ST ZIP **Key Biscayne, FL 33149**

TITLE **Secretary**
NAME **Renaldy J. Gutierrez**
STREET ADDRESS **601 Brickell Key Drive, Ste. 501**
CITY ST ZIP **Miami, Florida 33131-2651**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE Change Addition
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP

21 TITLE Change Addition
22 NAME **500001478885**
23 STREET ADDRESS **-05/08/95--01051--004**
24 CITY ST ZIP *****200.00 ***200.00**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

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 110.07(3)(a), 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 person or persons 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 attached sheet with an address.

SIGNATURE:  **SECRETARY** **4/26/95 (305) 577-4500**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (State) 