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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham.

Socretar State ? DIVISION OF CORPORATIONS

1997

DOCUMENT # V18321

STRUTZ ENTERPRISES, INC.

(2)

FILED Sep 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Addrn 2740 N. SURF ROAD 2740 N. SURF HOLLYWOOD BEACH FL 33019 HOLLYWOOD			D H FL 3301 P-3602		
				Date Incorporated or Qualified 03/03/1992	3a. Date of Last Report 03/22/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# oto	Suite, Apt. #, etc.		65-0317307	Not Applicable
22	#, U (C.	27 Suite: Apri. 27, Cic.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
02		_ 28]		Trust Fund Contribution	- Added to Table
Zip	Country	7(p	Country	8. This corporation has liability to Florida Statutes	or intangible tax under s. 199.032, Yes No
24]	25 9, Name and Address of Curre		30	10. Name and Address of New F	
POP	LACK, ARIEL	Trogratored Agent	81 Name A	1 CI I	logistored Agent
	SHERIDAN ST., STE. B			Inda Strutz	
HOLLYWOOD FL 33021		82 Street Add		dress (P.Q. Pox Number is Not Acceptable)	
1100	E11100D 1E 33021		83	NI I YOUGUXXX	13101
	1		(*)		
	•		84 City	. wood	85 Zio Code
44 Purpupat	to the provisions of Sections 607 ft	og and 607 they Florida Statute		CONTRACTOR OF THE STATE OF THE	FL 33030
office or r	egistered agent, or both, in the Stal	to of Florida, Such change was a	uthorized by the corpora	poration submits this statement for the tion's board of directors. Thereby acc	ept the appointment as registered
agent la	m familiar with and accept the obli	gations of, Section 607,0505, Flo	rida Statutes	9	10.10n
SIGNATURE	Signaluri, ypect ir pintied name of registeren a	Cr. College de la College de l	Registered Agent signature requ	tred whou rainstaling)	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DVT	DELETE	1.1 TITLE		Change Addition
NAME	STRUTZ, JEFFREY B		12 NAME		
STREET ADDRESS	2740 N. SURF ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD BEACH FL 330	119	1.4 Crty-St-ZiP		.
TITLE	DPS	DELFTE	2.1 11 [Change Addition
NAME	STRUTZ, LINDA		2.2 NAME		
STREET ADDRESS	2740 N. SURF ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD BEACH FL 330	119	2.4 CITY- S1 - 7IP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(1Y - ST - ZIP		
TITLE T		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Λ. Λ
CITY-ST-ZIP			4 4 CITY-ST-ZIP		() AN ()
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		ν,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - ST - 7IP		
TITLE		☐ DELETE	6.1 TITLE	لراستها المساور والمساور والمساور والمواور والواور	Change Addition
NAME			6.2 NAME	10000223 -09/15/9701	3.31 f 1
STREET ADDRESS			63 STREET ADDRESS	-U3/15/3(U1;	104~~023
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***550 . 00	

14. I do hereby certify that the information supplied with this filling closs 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 eath, 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 in piged, or on an attachment with an address.