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

PROFIT CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V18682

1. Corporation Name

STRIKE-A-POSE, INC.

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Principal Place of Business Mailing Address					. com acces tone tane treit till breit allift aleit fiell.	1861 1881
1301 N.W 187 AVE REMBROKE PINES FL 33029  1301 N.W. 187 AVE. PEMBROKE PINES FL 33029  US			9		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 03/04/1992	
Principal Place of Business     2a. Mailing Address				•	4. FEI Number Applie	Eor
21					65-0316444 Not Ap	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired S.75 Addi	
22 27 27 27 27 27 27 27 27 27 27 27 27 2					5. Certificate of Status Desired Fee Requir	ed
City & State City & State				6. Election Campaign Financing Trust Fund Contribution		Be
Zip Country Zip			Countr			es
24 25 29 3			30	8. This corporation owes the current year Intangible Personal Property Tax.		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
AAA	DTINET DI IRIO DICUADO		81	Name	,	
MARTINEZ-RUBIO, RICHARDO 1301 N.W. 187 AVE. PEMBROKE PINES FL 33029			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
			83	,——	The state of the s	516
		•	. 63	,		出臟
			84	City	■■ 85 Zip Code	* * * * * * * * * * * * * * * * * * *
11 Pureupo	to the provisions of Sections 607 0503	and 607 1500 Florida Statutas		1	FL   [	
OUNCE OF	registered agent, or both, in the State of	ii Fiorida. Such change was aut	norizea by	/ tne corporation	poration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as registe	tered .
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes	š.	, , , , , , , , , , , , , , , , , , , ,	- }
SIGNATURE	Signature, typed or printed name of registered agent	and the second s			· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AND		13.	nt signature require		11.40
TITLE	PTS	DELETE	1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	MARTINEZ-RUBIO, RICHARDO	•			in the	Addition
STREET ADDRESS	4004 51144 407 317		1.2 NAME	TARROTOR	. 변호 - 대한 도	Ì
CITY-ST-ZIP	PEMBROKE PINES FL			TADDRESS		
TITLE	VP	☐ DELETE	1.4 CITY-S 2.1 TITLE	,1-ZIP	_	
NAME	FARNES, ROBERT			1		A -1-1747
STREET ADDRESS	4004 584/ 407 41/5			i	☐ Change	Addition
	REMBROKE PINES FL 33029		2.2 NAME		☐ Change ☐	Addition
CITY-ST-ZIP TITLE	I HEMOHONE FINES IE SSUZS		2.3 STREE	T ADDRESS	☐ Change ☐	Addition
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6.4 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 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, with all other like empowered.

305-557-2500

**FILED** 

Feb 12, 1999 8:00am

**Secretary of State** 

02-12-1999 90010 015 \*\*\*150.00