

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **746854** (9)  
1. Corporation Name  
**SPIRIT OF THE 50'S, INC.**



Principal Place of Business <b>3606 23RD STREET, EAST ALVA FL 33920-1314 US</b>	Mailing Address <b>3606 23RD STREET, EAST ALVA FL 33920-1314 US</b>
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3. Date Incorporated or Qualified <b>04/23/1979</b>	3a. Date of Last Report <b>01/30/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FERARIO, RICH MONTE  
918 SE 9TH LANE  
CAPR CORAL FL 33990**

10. Name and Address of New Registered Agent  
81 Name **ALAN L. ANDREWS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3606 EAST 23rd STREET**  
83  
84 City **ALVA** FL 85 Zip Code **33920**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Alan Andrews* (NOTE: Registered Agent signature required when reinstating) DATE **April 25, 1996**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MONTEFERRARIO, RICH</b>	
STREET ADDRESS	<b>1921 SW 47TH STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>EISENMANN, BRUCE</b>	
STREET ADDRESS	<b>13036 3RD STREET, S.E.</b>	
CITY-ST-ZIP	<b>FORT MYERS SHORES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEMILLER, LON</b>	
STREET ADDRESS	<b>308 S.E. 18TH AVE.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREWS, ALAN L.</b>	
STREET ADDRESS	<b>3606 23RD STREET EAST</b>	
CITY-ST-ZIP	<b>ALVA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, RON</b>	
STREET ADDRESS	<b>6880 MAGNOLIA LANE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MANGUS, DON</b>	
1.3 STREET ADDRESS	<b>P.O. Box 7523</b>	
1.4 CITY-ST-ZIP	<b>FT. MYERS, FL</b>	
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan Andrews* DATE: **April 25, 1996** (941) 728-3621

CR2E037 (12/95)