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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 746854 (9)

1. Corporation Name
SPIRIT OF THE 50'S, INC.



Principal Place of Business: 3606 23RD STREET. EAST ALVA FL 33920-1314 US
Mailing Address: 3606 23RD STREET. EAST ALVA FL 33920-1314 US

3. Date Incorporated or Qualified: 04/23/1979
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 6680 MAGNOLIA LN
22 Suite, Apt. #, etc.
23 FT MYERS FL
24 33912 25 Country
26 6680 MAGNOLIA LN
27 Suite, Apt. #, etc.
28 FT MYERS FL
29 33912 30 Country

4. FEI Number: NOT APPLICABLE
Applied For: 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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ALAN L. ANDREWS
3606 EAST 23RD STREET
ALVA FL 33920

10. Name and Address of New Registered Agent
81 Name: RONALD A BROWN
82 Street Address (P.O. Box Number is Not Acceptable): 6680 MAGNOLIA LN.
83
84 City: FT MYERS FL 85 Zip Code: 33912

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: *Ronald A Brown*
(NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MANGUS, DON	
STREET ADDRESS	P.O. BOX 7523	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EISENMANN, BRUCE	
STREET ADDRESS	13036 3RD STREET, S.E.	
CITY-ST-ZIP	FORT MYERS SHORES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEMILLER, LON	
STREET ADDRESS	308 S.E. 18TH AVE.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, ALAN L.	
STREET ADDRESS	3606 23RD STREET EAST	
CITY-ST-ZIP	ALVA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, RON	
STREET ADDRESS	6680 MAGNOLIA LANE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDWARD Lawler	
1.3 STREET ADDRESS	12983 FONA ROAD	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33908	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LARRY J. SMITH	
2.3 STREET ADDRESS	137 PLACIA DRIVE	
2.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRUCE EISENMANN	
3.3 STREET ADDRESS	13036 3rd Street S.E.	
3.4 CITY-ST-ZIP	FORT MYERS, FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DENISE MANGUS	
4.3 STREET ADDRESS	P.O. BOX 7523 N/A	
4.4 CITY-ST-ZIP	FORT MYERS, FL 33911	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	33912	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald A Brown* | Signature and Typed or Printed Name of Signing Officer or Director: Ronald A Brown-3-97
Date: 941-481-2949
Daytime Phone #: 0066956

CR2E037 (9/96)