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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746854

1. Corporation Name

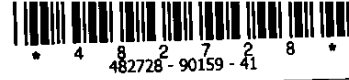
SPIRIT OF THE 50'S, INC.

Principal Place of Business

3606 EAST 23RD ST  
ALVA FL 33920  
US

Mailing Address

3606 EAST 23RD ST  
ALVA FL 33920  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

04/23/1979

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ANDREWS, ALAN L  
3606 EAST 23RD ST  
ALVA FL 33920

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE: VD  
NAME: LAWLER, EDWARD  
STREET ADDRESS: 12983 IONA RD  
CITY-ST-ZIP: FT. MYERS FL 33908  
 DELETE

TITLE: D  
NAME: SMITH, LARRY J.  
STREET ADDRESS: 137 PLACID DR  
CITY-ST-ZIP: FT MYERS FL 33919  
 DELETE

TITLE: TD  
NAME: ANDREWS, ALAN L  
STREET ADDRESS: 3606 EAST 23RD ST  
CITY-ST-ZIP: ALVA FL 33920  
 DELETE

TITLE: TD  
NAME: MANGUS, DENISE  
STREET ADDRESS: PO BOX 7523 N/A  
CITY-ST-ZIP: FT MYERS FL  
 DELETE

TITLE: SD  
NAME: WALTERS, CORAL  
STREET ADDRESS: 2431 VALPRAISO BLVD  
CITY-ST-ZIP: N FT MYERS FL 33917  
 DELETE

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Bernie Lawrence  
1.2 NAME: c/o 1650 Cushman Circle  
1.3 STREET ADDRESS: Ft. Myers, FL 33901  
1.4 CITY-ST-ZIP:  
 Change  Addition

2.1 TITLE: Denise MANGUS  
2.2 NAME: P.O. BOX 7523  
2.3 STREET ADDRESS: Ft. Myers, FL 33911  
2.4 CITY-ST-ZIP:  
 Change  Addition

3.1 TITLE:  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:  
 Change  Addition

4.1 TITLE: Don MANGUS  
4.2 NAME: P.O. BOX 7523  
4.3 STREET ADDRESS: Ft. Myers, FL 33911  
4.4 CITY-ST-ZIP:  
 Change  Addition

5.1 TITLE: Kim Sullivan  
5.2 NAME: c/o 1650 Cushman Circle  
5.3 STREET ADDRESS: Ft. Myers, FL 33901  
5.4 CITY-ST-ZIP:  
 Change  Addition

6.1 TITLE:  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:  
 Change  Addition

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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (94) 278-  
Dayside Phone #

CR2E037 (11/98)