FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J49436** **(5)**

1. Corporation Name

SPAHN MANAGEMENT & CONSULTING, INC.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD SUITE 625 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD SUITE 625 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **12/30/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 10618 NE 10 PLACE	26 10618 NE 10 PLACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FLORIDA	28 City & State: MIAMI, FLORIDA
24 Zip: 33138 25 Country: USA	29 Zip: 33138 30 County: USA

4. FEI Number: **59-2749221** ☐ 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	10. Name and Address of New Registered Agent
FARR, NEAL E. 1550 MADRUGA AVE SUITE 120 CORAL GABLES FL 33146	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Required Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITL		☐ Change ☐ Addition
NAME	SPAHN III, HERBERT		12 NAM		
STREET ADDRESS	999 PONCE DE LEON BV		13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		14 CITY ST-ZIP		
TITLE	VP	☐ DELETE	21 TITL		☐ Change ☐ Addition
NAME	SPAHN JR., HERBERT		22 NAM		
STREET ADDRESS	999 PONCE DE LEON BV		23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		24 CITY ST-ZIP		
TITLE		☐ DELETE	31 TITL		☐ Change ☐ Addition
NAME			32 NAM		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY ST-ZIP		
TITLE		☐ DELETE	41 TITL		☐ Change ☐ Addition
NAME			42 NAM		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY ST-ZIP		
TITLE		☐ DELETE	51 TITL		☐ Change ☐ Addition
NAME			52 NAM		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY ST-ZIP		
TITLE		☐ DELETE	61 TITL		☐ Change ☐ Addition
NAME			62 NAM		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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)(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.

SIGNATURE: _____ III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96
Date

(305) 893-4403
Daytime Phone #

CR2E034 (12/95)