

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K61875** (6)
SPEAR MANAGEMENT GROUP, INC.

Principal Place of Business: 3901 SW 47 AVE, STE 408, FT LAUDERDALE FL 33314, US
Mailing Address: 3901 SW 47 AVE, STE 408, FT LAUDERDALE FL 33314, US

2. Principal Place of Business: 21 State Apt # 21, 22 City or State: 23, 24, 25, 29, 30

3. Date of Incorporation: 01/30/1989
3a. Date of Last Report: 04/27/1994
4. FIC Number: 65-0097009
5. Certificate of Status: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for information fee under Florida Statute: No Yes

9. Name and Address of Current Registered Agent
SPEAR, DAVID A
3901 SW 47 AVE
STE 408
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address: _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information contained herein is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
<p>DP NAME: SPEAR, WILLIAM ADDRESS: 3901 SW 47 AVE, STE 408, FT LAUDERDALE FL</p> <p>DVS NAME: SPEAR, DAVID ADDRESS: 3901 SW 47 AVE, STE 408, FT LAUDERDALE FL</p> <p>T NAME: SPEAR, DAVID ADDRESS: 3901 SW 47 AVE, STE 408, FT LAUDERDALE FL</p> <p>DV NAME: SPEAR, JEFFREY ADDRESS: 3901 SW 47 AVE, STE 408, FT LAUDERDALE FL</p> <p>AS NAME: PERKINS, ROSEMARIE ADDRESS: 3901 SW 47 AVE, STE 408, FT LAUDERDALE FL</p>	<p>1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP CODE: _____</p> <p>6. NAME: _____ 7. STREET ADDRESS: _____ 8. CITY: _____ 9. STATE: _____ 10. ZIP CODE: _____</p> <p>11. NAME: _____ 12. STREET ADDRESS: _____ 13. CITY: _____ 14. STATE: _____ 15. ZIP CODE: _____</p> <p>16. NAME: _____ 17. STREET ADDRESS: _____ 18. CITY: _____ 19. STATE: _____ 20. ZIP CODE: _____</p>

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 220.01(1), Florida Statute. I further certify that the information is filed on the annual report of supplemental annual report, 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 at the time of filing this report as reported by this filing, and that my name appears on the list of officers and directors of the corporation with an address.

SIGNATURE: *V.P. David A. Spear* 4/27/95 305-581-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR