

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90088 008 \*\*\*150.00

0294605

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # K61875**  
 1. Corporation Name  
**SPEAR MANAGEMENT GROUP, INC.**



Principal Place of Business 3721 SW 47TH AVE SUITE 307 FT LAUDERDALE FL 33314 US	Mailing Address 3721 SW 47TH AVE SUITE 307 FT LAUDERDALE FL 33314 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/30/1989</b>	4. FEI Number <b>65-0097009</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent <b>SPEAR, DAVID A 3721 SW 47 AVE SUITE 307 FT LAUDERDALE FL 33314</b>		10. Name and Address of New Registered Agent		
81 Name				
82 Street Address (P.O. Box Number is Not Acceptable)				
83				
84 City	<b>FL</b>	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: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, WILLIAM	1.2 NAME	
STREET ADDRESS	3721 SW 47TH AVE., SUITE 307	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, DAVID	2.2 NAME	
STREET ADDRESS	3721 SW 47TH AVE., SUITE 307	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, DAVID	3.2 NAME	
STREET ADDRESS	3721 SW 47TH AVE., SUITE 307	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, JEFFREY	4.2 NAME	
STREET ADDRESS	3721 SW 47TH AVE., SUITE 307	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, ROSEMARIE	5.2 NAME	
STREET ADDRESS	3721 SW 47TH AVE., SUITE 307	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, 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: DAVID A SPEAR, V.P. Date: 4-14-99 Daytime Phone #: 954 581-9000

CR2E034 (1/98)