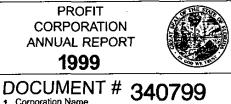
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name SPEARS CORP.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90041 027 \*\*\*150.00

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Principal Place	of Business	Mailing Address				- I CORPLEO CLITEL ELIGITA BOTTA LODAD JOSEO CORF				11 W1 W11 1 WW1	
1098 NORTH M	ILITARY TRAIL	1098 NORTH MILITARY TR	AlL								
	W. PALM BEACH FL 33409 W. PALM BEACH FL 33409					DO NOT WRITE IN	THIS :	SPACE			
•						3. Date Incorporated or Qualifed					7
-						01/29/1969					
2. Principal PI	ace of Business	2a. Mailing Address				4. FEI Number			Appli	ied For	1
21		26				59-1229812			Not /	Applicable	]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	<u></u>	5. Certificate of Status Desired		<b>—</b> — -	<b>75</b> Ad e Requ	ditional uired	
City & State	9	City & State				6. Election Campaign Financing .			.00 м		]
23		28				Trust Fund Contribution			ded to	Fees	1
Zip	Country	Zip		intry		8. This corporation owes the current ye	ar Inta		_	]No	Ì
24	25	29	30			Personal Property Tax.  10. Name and Address of New Regist	arad A	Yes		- ONIC	4
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Regist	ereu z	·gent_			1
QDE/	ARS, GARY N.				1101110						1
	NORTH MILITARY TRAIL			82	Street Addr	ress (P.O. Box Number is Not Acceptable)					
	T PALM BEACH FL 33409			83							1
				84	City			85	Zip Co	de	1
					•		<u>FL</u>				1
l office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	iuthorize	ועסנ	ine corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	se of o appoin	changin tment a	g its re is regis	egistered stered	
SIGNATURE											1
	Signature, typed or printed name of registered age			Agent	signature require	d when reinstating) DA ADDITIONS/CHANGES.TO OFFICER		D DIDE	CTOB	C (N 12	1 8
12.		ND DIRECTORS	13.	TI C		ADDITIONS/CHANGES. TO OFFICE	(2 AIVI	Cha		Addition	1 :
TITLE	PS CARV N	_ Deter -	1.2 N					_		_	1:
NAME	SPEARS, GARY N				ADDRESS						3
STREET ADDRESS	13699 EASTPOINTE WAY										3
CITY-ST-ZIP	PALM BEACH GARDENS FL	☐ DELETE	2.1 TI	17Y-ST	-215			Cha	inge	Addition	_  Շ
TITLÉ	ODEADO JAMET		2.2 N					_	•	_	
NAME	SPEARS, JANET				ADDRESS						
STREET ADDRESS	13699 EASTPOINTE WAY										
CITY-ST-ZIP	PALM BEACH GARDENS FL	☐ DELETE	3.1 T	TTY-S	1-219			☐ Cha	inge	Addition	.†
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NAME	•				ADDRESS						İ
STREET ADORESS				:TY-S1							Ì
CITY-ST-ZIP TITLE		☐ DELETE	4,1 T		1-2IF			Cha	inge .	Addition	1,
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STREET ADDRESS					ADDRESS						
			- 1	ITY-ST		146					ł
CITY-ST-ZIP		☐ DELETE	5.1 T					☐ Cha	inge	☐ Addition	1
NAME			5.2 N		1		i			_, `.	1
STREET ADDRESS	¥		5.3 S	TREET	ADORESS						
CITY-ST-ZIP	- W (**)		5.4 C	ITY-ST	-ZIP						
TITLE		☐ DELETE	6.1 T		<u> </u>			☐ Cha	inge	Addition	-
NAME		_	6.2 N	AME							
STREET ADDRESS			6.3 \$	TREET	ADDRESS						
STREET ADDRESS				ITY-ST							(

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: