

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 415673 (3)
 1. Corporation Name
SPINNING SPOKES, INC.

Principal Place of Business 8244 S.W. 184TH TERRACE MIAMI FL 33157	Mailing Address 8244 S.W. 184TH TERRACE MIAMI FL 33157-7323
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1972	3a. Date of Last Report 02/13/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-1651046	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WATSON, TIMOTHY D. 8244 S.W. 184TH TERRACE MIAMI FL 33157		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: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
PD	WATSON, TIMOTHY D.	8244 S.W. 184TH TERRACE	MIAMI FL		
V	WATSON, THOMAS	19900 S.W. 280TH STREET	HOMESTEAD FL		
ADS	WATSON, TERRY	4012 JANET ST	LITHIA SPRINGS GA		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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.

SIGNATURE: *Timothy D. Watson* **Timothy D. Watson** (4-2-97) 305-233-2135
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0215686

CR2E034 (9/96)