

1995

Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 416107 (1)

95 APR 21 AM 8:41

1. Corporation Name
DEAN SPEARMAN SALES CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
408 N. INVERNESS AVE 408 N. INVERNESS AVE
TEMPLE TERRACE FL 33617-1112 TEMPLE TERRACE FL 33617-1112

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/08/1973	07/06/1994
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1447480	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. Election Campaign Financing Trust Fund Contribution	
SPEARMAN, DEAN 408 N. INVERNESS AVE. TEMPLE TERRACE FL 33617-1112				85.00 May Be Added to Fees	
				<input type="checkbox"/>	
				6. This corporation has liability for intangible tax under S. 189.032, 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	
SPEARMAN, DEAN 408 N. INVERNESS AVE. TEMPLE TERRACE FL 33617-1112				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 607.0503 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARMAN, DEAN	1.2 NAME	
STREET ADDRESS	408 N. INVERNESS AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPLE TERRACE FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARMAN, DEAN	2.2 NAME	
STREET ADDRESS	408 N. INVERNESS AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPLE TERRACE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Dean Spearman* 4/18/95 813-985-0987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR