


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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90087 038 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 416107**  
 1. Corporation Name  
**DEAN SPEARMAN SALES CORP.**

Principal Place of Business 408 N. INVERNESS AVE TEMPLE TERRACE FL 33617-1112	Mailing Address 408 N. INVERNESS AVE TEMPLE TERRACE FL 33617-1112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Dean Spearman Sales Suite, Apt. #, etc. 11503 Cerca Del Rio City & State Temple Terrace, FL Zip 33617 Country USA		2a. Mailing Address Dean Spearman Sales Suite, Apt. #, etc. 11503 Cerca Del Rio City & State Temple Terrace, FL Zip 33617 Country USA		3. Date Incorporated or Qualified 01/08/1973	4. FEI Number 59-1447480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent  
 SPEARMAN, DEAN  
 408 N. INVERNESS AVE.  
 TEMPLE TERRACE FL 33617-1112

10. Name and Address of New Registered Agent  
 81 Name  
 Dean Spearman  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 11503 Cerca Del Rio Place  
 83  
 84 City  
 Temple Terrace FL  
 85 Zip Code  
 33617

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: *Dean Spearman* DATE: 1-29-99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSV	<input type="checkbox"/> DELETE
NAME	SPEARMAN, DEAN	
STREET ADDRESS	408 N. INVERNESS AVE.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPEARMAN, DEAN	
STREET ADDRESS	408 N. INVERNESS AVE.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dean Spearman
1.3 STREET ADDRESS	11503 Cerca Del Rio Place
1.4 CITY-ST-ZIP	Temple Terrace, FL 33617
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dean Spearman
2.3 STREET ADDRESS	11503 Cerca Del Rio Place
2.4 CITY-ST-ZIP	Temple Terrace, FL 33617
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Dean Spearman* DATE: 1-29-99  
Signature and typed or printed name of signing officer or director

813 985-0987  
Daytime Phone #

CR2E034 (1/198)