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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **420788** **(2)**

1. Corporation Name
THE SPARE ROOM CORP.

Principal Place of Business	Mailing Address
255 MIMOSA CIRCLE SARASOTA FL 34232	255 MIMOSA CIRCLE SARASOTA FL 34232-1628

3. Date Incorporated or Qualified: 03/09/1973
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business	2a. Mailing Address
21 603 LONGBOAT KEY Rd	26 603 LONGBOAT KEY RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA, FL	28 City & State: SARASOTA FL
24 Zip: 34228 25 Country: USA	29 Zip: 34228 30 Country: USA

4. FEI Number: 59-1454568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTIN, JAMES R 255 MIMOSA CIR SARASOTA FL 34232	81 Name: STANLEY GLEN 82 Street Address (P.O. Box Number is Not Acceptable): 603 LONGBOAT CLUB Rd. APT. N-1104 83 84 City: LONGBOAT KEY FL 85 Zip Code: 34228

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: Stanley Glen — STANLEY GLEN — DATE
(Signature, typed or printed name of new registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GROBEN, ROBERT		1.2 NAME		
STREET ADDRESS	VICERS LANDING		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAWGRASS FL		1.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GLEN, STANLEY		2.2 NAME		
STREET ADDRESS	603 LONGBOAT CLUB RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 33548		2.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	3.1 TITLE	VPS	☑ Change ☐ Addition
NAME	MARTIN, DIANNE		3.2 NAME	JEFFREY GLEN	
STREET ADDRESS	255 MIMOSA CIRCLE		3.3 STREET ADDRESS	90 BROAD ST.	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10004	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Stanley Glen — 1-22-97 — 941-383-6543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #