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Feb 10 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 # 447684 (2)

1. Corporation Name
SPIRAL ENTERPRISE OF AMERICA, INC.

Principal Place of Business
2580 N NARCOOSSEE ROAD
P.O. BOX 700265
ST CLOUD FL 34771
US

Mailing Address
P. O. BOX 700265
ST CLOUD FL 34770-0265
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
03/15/1974

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1516764

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

WILSON, GREGORY M
29 E PINE STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
Honora A. Bergelt
82 Street Address (P.O. Box Number is Not Acceptable)
2615 N. Narcoossee Road
83
84 City
St. Cloud FL 85 Zip Code
34771

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 *Honora A. Bergelt*
Signature, typed or printed name of registered agent and title, if applicable.

Honora A. Bergelt
(NOTE: Registered Agent signature required when replacing)

1/10/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BERGELT, PHILIP R
STREET ADDRESS 2615 N.NARCOOSSEE RD.
CITY-ST-ZIP ST. CLOUD FL ☒ DELETE

TITLE STD
NAME BERGELT, HONORA A
STREET ADDRESS 2615 N.NARCOOSSEE RD.
CITY-ST-ZIP ST. CLOUD FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Honora A. Bergelt
1.3 STREET ADDRESS 2615 N. Narcoossee Rd.
1.4 CITY-ST-ZIP St. Cloud, FL 34771 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 *Honora A. Bergelt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERGELT 1/10/97 407/957-2292
Date Daytime Phone #

CR2E034 (9/96)