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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # 493574



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90023 007 ***150.00

SPINULA	A PHINTERS SUPPLY, INC.	,					
Principal Place	e of Rusiness	Mailing Address				II BIBII OIDII BIBII O	ABAR BABAR ABBR
Principal Place of Business Mailing Address 10228 NW 50TH ST 10228 NW 50TH ST					}	•	
SUNRISE FL 33351 SUNRISE FL 33351							
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					12/31/1975		
Principal Place of Business Za. Mailing Address					4. FEI Number	<u> </u>	plied For
21 26					59-1646722		t Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A Fee Re	
22 27							
City & State City & State					6. Election Campaign Financing	\$5.00 k Added to	
7in					Trust Fund Contribution		J rees
		\ ·	Country 30		This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curre		201		10. Name and Address of New Registere		
	5. Hamb and Address of Solite	The Indiana of the Indiana	81	Name			
SPINOLA, MARC				<u> </u>			
14931 N. SAXON CIRCLE				Street Addr	ess (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33331			83				
				L			
			84	City	· F	85 Zip C	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute:	s the above	e-named com	oration submits this statement for the nurnose	of changing its	registered
office or r	egistered agent or beth the State	a of Florida. Such change was aut	thorized by	the corporation	on's board of directors. I hereby accept the ap-	pointment as reg	gistered
	m families with, and accept the dolig	ations of, section 607.0300 Florid	ua Statutes).			1
SIGNATURE	Signature, type or printed name of egisters as	ent and title if applicable (NOTE: F	Registered Ager	nt signature required	d when reinstating) DATE		
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition [
NAME	SPINOLA, MARC		1.2 NAME				
STREET ADDRESS			1.3 STREET	TADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 140		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE	_		☐ Change	☐ Addition
NAME			2.2 NAME		•		}
STREET ADDRESS			2 3 STREET	T ADDRESS	المراجع والمصلي المستحوط		. }
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME	}			Í
STREET ADDRESS			3.3 STREET	TADDRESS			}
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			
tm.e		☐ DELETE	4.1 TITLE	Ì		☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS	i		4.3 STREET	TADDRESS			
CITY-ST-ZIP			4.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	}	•	Change	☐ Addition
NAME			5.2 NAME	ļ			ļ
STREET ADDRESS				T ADDRESS			,
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		 _	
TITLE		☐ DELETE	6.1 TITLE	-		☐ Change	Addition
NAME			6.2 NAME				[
STREET ADDRESS:	ł		6.3 STREET	TADDRESS	•		ľ

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 register 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 PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE: