

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:12

DOCUMENT # 494583 (8)

1. Corporation Name
THE NUMBERS PEOPLE, INC.

Principal Place of Business
216 SE 6 ST
DANIA FL 33004

Mailing Address
216 SE 6 ST
DANIA FL 33004

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/31/1976	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1657360	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	
7. This corporation has liability for intangible tax under C. 100.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SPINA, KATHERINE
14522 DULCE REAL AVE
FT PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name SPINA, JOSEPH P.	85 Zip Code 33004
82 Street Address (P.O. Box Number is Not Acceptable) 216 S.E. 6th St.	
83 City DANIA.	
84 State FL	

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 *Joseph P. Spina*
Signature. Type or print name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reappointing)

4-30-95
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SPINA, STEVEN 230 SW 7TH AVE. HALLANDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO SPINA, KATHERINE 14522 DULCE REAL AVE FT PIERCE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP
216 S.E. 6th St DANIA FL 33004 P.D. SPINA, JOSEPH P. 216 S.E. 6th St DANIA FL 33004					

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 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

Katherine Spina
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5/1/95
DATE

(Signature Page 2)