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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FOO 40

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90102 022 \*\*\*150.00

1. Corporation	n Name 7 33348	ļ <sub>.</sub>			
SPAULD	ING DISPLAYS, INC.				
J				I IERISE BIRER IRIBE HERR BERN BIRER IRIBE DIĞI BI	
	· · · · · · · · · · · · · · · · · · ·				
Principal Place	e of Business	Mailing Address		* 1001-b+ 4+106 \$1124 11511 8+001 1010/ 1101 01	
15 N.E. 11TH STREET 15 N.E. 11TH STREET MIAMI FL 33132 MIAMI FL 33132					
				DO NOT WRITE IN T	HIS SPACE
	•			3. Date Incorporated or Qualifed	1110 01 702
	•			05/11/1977	
2 Principal P	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		59-1740545	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27		5. Certificate di Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 30	)\	Personal Property Tax.  10. Name and Address of New Register	Yes □No
<del></del>	9. Name and Address of Curr	ent Kegistered Agent	81 Name		
SPA	ULDING, B. H.		- I	CUSAN SPAULDING	
	I.E. 11TH STREET	•		dress (P.O. Box Number is Not Acceptable)	, <del>+</del>
MIAMI FL			83 0-		
Will W				112ml FL. 331	
	•		84 City	·	EL 85 Zip Code
44 8	to the provisions of Sections 607.0	EO2 and 607 1509 Florida Statutes	the above-named co		of changing its registered
l office or r	registered agent, or both, in the Stat	te of Florida. Such change was auth	onzeo by the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Florida	a Statutes.		,
SIGNATURÉ	Signature, typed or printed name of registered a	cent and title if applicable. (NOTE: Re	gistered Agent signature requi	red when reinstating) DATE	<del></del>
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	SPAULDING, B. H.		1.2 NAME	•	.*
STREET ADDRESS		!	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-\$T-ZIP	0 10 0 10 0	
TITLE		☐ DELETE	2.1 TITLE	DIRECTOR SUSAN SPAULDI 10273 S.W. 1165	Change Addition
NAME			2.2 NAME	SUSAN SPAULDI	V (2-
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	· ·		2. 4 CITY+ST-ZIP	MIAMI FI 33	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		1.22. : <del>1.22</del>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		*
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	·	. DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME	•	•
STREET ADDRESS	<b>3</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	1		5.2 NAME		
STREET ADDRESS	3		5.3 STREET ADDRESS		
CITY-ST-ZIP ·		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE	· ·	☐ DELETE	6.2 NAME		
NAME					{
STREET ADDRESS	6		6.3 STREET ADORESS 6.4 CITY-ST-ZIP		
000 OT 310	1		■ 0.4 CHY-SI-712		

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 legaleffect 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 or in attachment with an address, with all other like empowered.

SIGNATURE: