FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:12

DOCUMENT # 746854 (9)

1. Corporation Name
SPIRIT OF THE 50'S, INC.

Principal Place of Business	Mailing Address
3606 23RD STREET, EAST ALVA FL 33920-1314 US	3606 23RD STREET, EAST ALVA FL 33920-1314 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1979	3a. Date of Last Report: 01/24/1994
4. FEI Number: NOT APPLICABLE	☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FERARIO, RICH MONTE
918 SE 9TH LANE
CAPR CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of 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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, LARRY	1.2 NAME		
STREET ADDRESS	137 PLACID DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WILKINS, GERALD	2.2 NAME	BRUCE EISENMANN	
STREET ADDRESS	150 BON AIRE CIRCLE	2.3 STREET ADDRESS	13036 3rd STREET, S.E.	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS SHORES, FL 33905	
TITLE	VD	3.1 TITLE	PD	☒ Change ☒ Addition
NAME	BEMILLER, LON	3.2 NAME		
STREET ADDRESS	308 S.E. 18TH AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	33909	
TITLE	SD	4.1 TITLE		☐ Change ☒ Addition
NAME	ANDREWS, ALAN L.	4.2 NAME		
STREET ADDRESS	3606 23RD STREET EAST	4.3 STREET ADDRESS		
CITY-ST-ZIP	ALVA FL	4.4 CITY-ST-ZIP	33920-1314	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	LOCKE, BEA	5.2 NAME	RON BROWN	
STREET ADDRESS	15371 ALLEN WAY	5.3 STREET ADDRESS	6680 MAGNOLIA LANE	
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alan L. Andrews ALAN L. ANDREWS JANUARY 24, 1995 (813) 728-3621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000004