

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

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**

3. Date Incorporated or Qualified  
**04/23/1979**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

**ALAN L. ANDREWS**

82

Street Address (P.O. Box Number is Not Acceptable)

**3606 EAST 23rd STREET**

83

84

City **ALVA**

FL

85

Zip Code **33920**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Alan L. Andrews*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**April 25, 1996**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MONTEFERRARIO, RICH</b>	
STREET ADDRESS	<b>1921 SW 47TH STREET</b>	
CITY - ST - ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>EISENMANN, BRUCE</b>	
STREET ADDRESS	<b>13036 3RD STREET, S.E.</b>	
CITY - ST - ZIP	<b>FORT MYERS SHORES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEMILLER, LON</b>	
STREET ADDRESS	<b>308 S.E. 18TH AVE.</b>	
CITY - ST - ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREWS, ALAN L.</b>	
STREET ADDRESS	<b>3606 23RD STREET EAST</b>	
CITY - ST - ZIP	<b>ALVA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, RON</b>	
STREET ADDRESS	<b>6880 MAGNOLIA LANE</b>	
CITY - ST - ZIP	<b>FORT MYERS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MANGUS, DON</b>	
1.3 STREET ADDRESS	<b>P.O. Box 7523</b>	
1.4 CITY - ST - ZIP	<b>FT. MYERS, FL</b>	
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**April 25, 1996 (941) 728-3621**

CR2E037 (12/95)