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FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US3606 23RD STREET, EAST
ALVA FL 33920-1314
US3. Date Incorporated or Qualified
04/23/19793a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 6680 MAGNOLIA LN

26 6680 MAGNOLIA LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FT MYERS FL

28 FT MYERS FL

Zip Country

Zip Country

24 33912

25

29 33912

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALAN L. ANDREWS
3606 EAST 23RD STREET
ALVA FL 33920

81 Name

RONALD A BROWN

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

6680 MAGNOLIA LN.

83

84 City

FT MYERS

FL

85 Zip Code

33912

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 x Ronald A Brown

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE
NAME MANGUS, DON
STREET ADDRESS P.O. BOX 7523
CITY-ST-ZIP FT. MYERS FL1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME EDWARD Lawler
1.3 STREET ADDRESS 12983 FONA ROAD
1.4 CITY-ST-ZIP Fort Myers, FL 33908TITLE PD ☒ DELETE
NAME EISENMANN, BRUCE
STREET ADDRESS 13036 3RD STREET, S.E.
CITY-ST-ZIP FORT MYERS SHORES FL2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME LARRY J. SMITH
2.3 STREET ADDRESS 137 PLACIO DRIVE
2.4 CITY-ST-ZIP Fort Myers, FL 33919TITLE D ☒ DELETE
NAME BEMILLER, LON
STREET ADDRESS 308 S.E. 18TH AVE.
CITY-ST-ZIP FORT MYERS FL3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME BRUCE EISENMANN
3.3 STREET ADDRESS 13036 3rd Street S.E.
3.4 CITY-ST-ZIP Fort Myers, FLTITLE SD ☒ DELETE
NAME ANDREWS, ALAN L.
STREET ADDRESS 3606 23RD STREET EAST
CITY-ST-ZIP ALVA FL4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME DENISE MANGUS
4.3 STREET ADDRESS P.O. BOX 7523 N/A
4.4 CITY-ST-ZIP Fort Myers, FL 33911TITLE TD ☐ DELETE
NAME BROWN, RON
STREET ADDRESS 6680 MAGNOLIA LANE
CITY-ST-ZIP FORT MYERS FL5.1 TITLE SD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33912TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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: x Ronald A Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088956

CR2E037 (9/96)