

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90159 041 \*\*\*\*61.25

**DOCUMENT # 746854**

1. Corporation Name

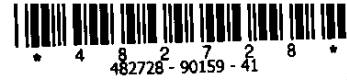
**SPIRIT OF THE 50'S, INC.**

Principal Place of Business

3606 EAST 23RD ST  
ALVA FL 33920  
US

Mailing Address

3606 EAST 23RD ST  
ALVA FL 33920  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/23/1979

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

9. Name and Address of Current Registered Agent

ANDREWS, ALAN L  
3606 EAST 23RD ST  
ALVA FL 33920

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME VD  
STREET ADDRESS LAWLER, EDWARD  
CITY-ST-ZIP 12983 IONA RD  
FT. MYERS FL 33908

TITLE ☒ DELETE

NAME D  
STREET ADDRESS SMITH, LARRY J.  
CITY-ST-ZIP 137 PLACID DR  
FT MYERS FL 33919

TITLE ☒ DELETE

NAME TD  
STREET ADDRESS ANDREWS, ALAN L  
CITY-ST-ZIP 3606 EAST 23RD ST  
ALVA FL 33920

TITLE ☒ DELETE

NAME TD  
STREET ADDRESS MANGUS, DENISE  
CITY-ST-ZIP PO BOX 7523 N/A  
FT MYERS FL

TITLE ☒ DELETE

NAME SD  
STREET ADDRESS WALTERS, CORAL  
CITY-ST-ZIP 2431 VALPRAISO BLVD  
N FT MYERS FL 33917

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Bernie Lawrence  
1.3 STREET ADDRESS c/o 1650 Cushman Circle  
1.4 CITY-ST-ZIP Ft. Myers, FL 33901

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Denise MANGUS  
2.3 STREET ADDRESS P.O. BOX 7523  
2.4 CITY-ST-ZIP Ft. Myers, FL 33911

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Don MANGUS  
4.3 STREET ADDRESS P.O. BOX 7523  
4.4 CITY-ST-ZIP Ft. Myers, FL 33911

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Kim Sullivan  
5.3 STREET ADDRESS c/o 1650 Cushman Circle  
5.4 CITY-ST-ZIP Ft. Myers, FL 33901

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Denise MANGUS President

4/28/99 (94) 278-  
Date Daytime Phone # 9007

CR2E037 (11/98)