

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 848055 (0)

1. Corporation Name
TREVOR P. SPRAKE, INC.

Principal Place of Business
154 EAST SHORE ROAD
HUNTINGTON BAY NY 11743
US

Mailing Address
154 EAST SHORE ROAD
HUNTINGTON BAY NY 11743-1140
US



3. Date Incorporated or Qualified 01/26/1981
3a. Date of Last Report 05/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 14-1623438
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. 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

SPRAKE, TREVOR P. (INC.)
10101 SW 53RD AVE.
MIAMI FL 33156-3407

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SPRAKE, TREVOR P.	
STREET ADDRESS	154 EAST SHORE ROAD	
CITY - ST - ZIP	HUNTINGTON BAY NY 11743	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SPRAKE, JOYCE E.	
STREET ADDRESS	154 EAST SHORE ROAD	
CITY - ST - ZIP	HUNTINGTON BAY NY 11743	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPRAKE, JOHN H	
STREET ADDRESS	2520 NE 49TH STREET	
CITY - ST - ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPRAKE, KAREN A	
STREET ADDRESS	154 EAST SHORE ROAD	
CITY - ST - ZIP	HUNTINGTON BAY NY 11743	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	6 EDGE BROOK LANE
3.3 STREET ADDRESS	ARMONT, NY 10952
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Trevor P. Sprake* (TREVOR P. SPRAKE) RES. 2/5/97 305 667 6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006291

CR2E034 (9/96)