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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

05-04-1999 90009 012 ***150.00

DOCUMENT # F18986 1. Corporation Name SPRINGSTEEN INTERNATIONAL, INC.

Principal Place of Business 4028 DELLBROOK DRIVE TAMPA FL 33624

Mailing Address

4028 DELLBROOK DRIVE **TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 02/10/1981		
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number	Δn	plied For
21 PHIICIPAL P	IACE OF DUSINESS	26			59-2064311		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State	e	City & State	•	/	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip .	Country 25	Zip 29 30	Countr	у	This corporation owes the current year Intal Personal Property Tax.	ngible	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered A	gent	
				Name	•		
SPRINGSTEEN, JAMES F. 4028 DELLBROOK DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33624			02	83			
			0.3]			
			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							
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	or Florida. Such change was auth ions of, Section 607.0505, Florida	a Statute:	s.	ion's board of directors. Thereby accept the appoint	mem as re	, ,
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: Re	aistered Age	ent signature requin	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13.			• •	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1,1 TITLE			☐ Change	☐ Addition
NAME	SPRINGSTEEN, KIMI J.		1.2 NAME				(
STREET ADDRESS	4028 DELLBROOK DRIVE		1.3 STREE	T ADDRESS			}
CITY-ST-ZIP	TAMPA FL		1.4 CITY-5	ST-ZIP			
TITLE	VST	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	SPRINGSTEEN, JAMES F.	•	2.2 NAME				
STREET ADDRESS	4028 DELLBROOK DRIVE		2.3 STREE	T ADDRESS			
C/TY-ST-ZIP	TAMPA FL		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME	-	·		ļ
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY- 4.1 TITLE	ST-ZIP	,	Change	Addition
TITLE			4.7 IIILE 4.2 NAME				J
NAME expect apposes				T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			4.3 STREE				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME		· ·		1
STREET ADDRESS:			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	·		5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STREE	T ADORESS			Ì
	1			1			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an altachmost with an address with all other like empowered.

SIGNATURE:

4/27/99 813-261-5002