1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F32143

1. Corporation Name

GEORGE SPIEGEL, INC.

Principal Place of Business Mailing Address					- 1880/800 (100 (1500 4100);)(80) 01899 (17)	ATATE BIRST AINTE ATHER NINES AFAIT CHAIL
10812 BURRITO	10812 BURRITO DR					
RIVERVIEW FL	_	RIVERVIEW FL 33569	VERVIEW FL 33569			THE 0040E
US	US			DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE	
					04/24/1981	}
a District Di	and of Divisions	2a. Mailing Address			4. FEI Number	Applied For
2. Principal Place of Business 2a. Malling Address 2b. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c					59-2092632	Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			\$8.75 Additional
22 27			1		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye	
24	25	29 30)		Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Regist	erea Agent
CDIE	GEL, GEORGE		"	Name		<u> </u>
		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
10812 RIVERVIEW DR RIVERVIEW FL 33569			83			
11112			65			
	1		84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	-named corpo	oration submits this statement for the purpo	ose of changing its registered
office or re	egistered agent, or both, in the State in m familiar with, and accept the obligation	of Florida. Such change was auth	onzea by	tne corporatio	on's board of directors. I hereby accept the	appointment as registered
SIGNATURE	The talling that are accept the conge	,				1
SIGNATURE	Signature, typed or printed name of registered agen		gistered Agen	t signature required		ATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
TITLE	_		1.1 TITLE	İ		Change C Addison
NAME .	SPIEGEL, GEOEGE	•	1.2 NAME		:	
STREET ADDRESS	10012 20111110 211		1.3 STREET			ļ
CITY-ST-ZIP			1.4 CITY-ST 2.1 TITLE	r-zip		Change Addition
TITLE			2.2 NAME			
NAME			2.3 STREET	ANNDESS		•
STREET ADDRESS			2.4 CITY-S	1		
CITY-ST-ZIP TITLE			3.1 TITLE	1-21		Change Addition
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3,4, CITY-S	T-ZIP		
TITLE	1.00	☐ DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME	ļ		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.3 STREET	ADDRESS		
CITY-ST-ZIP	28 g g 36 2 3 3 4		4.4 CITY-S	T-ZIP		
TITLE	11.5	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	• 3	;	5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP			5.4 CITY-ST	F-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP



813-617-7547

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90028 043 ***150.00