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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F83636

(3)

SPARKLE CORPORATION

| | 1, |
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| | |

FILED
97 APR 30 AM 11: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| Principal Place | e of Business | Mailing Address | | | 1 124 1120 1121 1010 11110 11110 11110 | #1911 #1211 #1911 B1911 0(1111 #1911 1001 | |
|--------------------------------|---|--------------------------------|----------------|---|--|---|--|
| 200 S. ANDRE | WS.AVE. | 200 S. ANDREWS AVE. | | | | | |
| 6TH FLOOR | | 6TH FLOOR | | | | | |
| FILL LACUERUA | ATE FE 33301-5456 | FT_HAUDERDALE FE 33301 | 1004 | | Date Incorporated or Qualified | 3a. Date of Last Report | |
| | | | | | 06/02/1982 | 05/01/1996 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 450 | EAST LAS DIAS PSIVO | 26 450 EAST L | O 2A | 19 2A | υΛ 59-2193260 | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| | te 1000 | 27 SUITE | 1500 | ر(ر | U. Oblimode of Status Desires | Fee Required | |
| City & State | | City & State | · / / ~ | C/ | 6. Election Campaign Financing | \$5.00 May Be | |
| | WDERDAGE FC | 28 Ft. LAUDERI | | | - Trust Fund Contribution | Added to Fees | |
| └┐ ^෭ ঢ়ৢৡৡ | Country | 132201 E | Country | cΛ | 8. This corporation has liability for | | |
| 24 5 | 9. Name and Address of Current I | | 10 V. | 7// | Florida Statutes 10. Name and Address of New Re | Yes No | |
| AMI | ERICAN INFORMATION SERVICES, | | 81 | Name | 14. Hallo allo Radioss of flore (to | SIGIOLOGI ASSOLIC | |
| | | | | | | | |
| ONE SE THIRD AVE 27TH FLOOR | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | MI FL 33131 | | 83 | | · · · · · · · · · · · · · · · · · · · | | |
| | | | 84 | City | | 85 Zip Code | |
| 11 Bussiant | to the provisions of Sections 607 0502 | and 607 1509. Florida Cintutor | the phay | nomad on | rporation submits this statement for the p | urnose of changing its registered | |
| office or r | registered agent, or both, in the State of im familiar with, and accept the obligation | f Florida. Such change was au | riborized by | the corpore | ation's board of directors. I hereby accep | of the appointment as registered | |
| SIGNATURE | | | | | | | |
| 12. | Signature, typical or printed name of registered agent. OFFICERS AND | | Registered Age | nt signature requ | ulred when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE ERS AND DIRECTORS IN 12 | |
| TILE | PDS OFFICERS AND | DELETE | 1.1 TITLE | — Т | ADDITIONS/GRANGES TO OF THE | Change Addition | |
| NAME | ROCHON, RICHARD C. | | 1.2 NAME | 1 | _ | <i>(</i> - | |
| STREET ADDRESS | 200 S. ANDREWS AVE. 6TH | | 1.3 STREET | ADDRESS 4 | 50 E LAS OLAS B | LUD SUITE 1500 | |
| CHY-\$1-74° | FT LAUDERDALE FL | | 14 City-S | | + LAUDERDALE F | EC 33301 | |
| DILE | VP | DELETE | 2.1 TITLE | 1-211 | , KNOBEKBARD P | Change Addition | |
| NAME | PIERCE, WILLIAM M | | 2.2 NAME | 1 | _ | ^ | |
| STREET ADDRESS | 200 6. ANDREWS AVE. | • | 2.3 STREET | ADDRESS L | 150 E LAS OLAS | BLVO SUITE 1500 | |
| City - S1 - ZiP | FT. LAUDERDALE FL 33301-545 | i6 · | 2. 4 CITY-5 | | + LAUDERDALE | | |
| 11/16 | VP | DELETE | 3.1 TITLE | | TO WILL THAT LE | FC 3330/ Dichange Addition | |
| NAME | ATKINS, GEORGE | • | 3.2 NAME | ĺ | | _ | |
| STREET ADDRESS | 200 O. ANDREWS AVE. | | 3.3 STREET | ADDRESS 4 | 150 E LAS OLAS | BLVD SUITE 150 FC 33301 | |
| CDY-ST-ZIP | FT. LAUDERDALE FL 33301-545 | 6 | 3.4. CITY - S | 1 2 | - LAUNERNALE | FC 33301 | |
| TITLE | | DELETE | 4.3 TITLE | | | ☐ Change ▲ Addition | |
| NAME | | | 4 2 NAME | 7 | RRANDEN CRIS V | . , | |
| STREET ACCURESS | | | 4.3 STREET | ADDRESS | ISO E LAS OLAS BLUD | is fuch | |
| CITY - ST - ZIF | | | 4.4 CITY - S | | FUT LAUDERDATE FL | 33301 | |
| TITLE | | DELETE | 5.1 TITLE | | | Change Addition | |
| NAME | } | | 5.2 NAME | 1 | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | N | 61 AM | |
| CITY-ST-ZIP | | | 5.4 CITY-S | · I | United States | 1 1272 | |
| TITLE | | DELETE | 6.1 TITLE | | - ~~~~ | 1611001 Hamild /9701006001 95.00 ****165.00 | |
| NAME. | | | 62 NAME | Para deligi | 一般 ロリリじら | 79701006001 | |
| STREET ADDRESS | ł | | 6.3 STREET | ADDRESS | | άς ηη ****165.00 | |
| STILL FALSTICAS | 1 | | 2.2 01112 | | サルタン サルタング | 00.00 | |

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). Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report as 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 exemption 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 17 I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/47

954-627-5000