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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90038 002 ***150.00

DOCUMENT # F83636 1. Corporation Name

SPARKLE CORPORATION

D-111-01	1000	Mailing Address						
Principal Place of Business Mailing Address 450 FAST LAS OLAS RIVID 450 FAST LAS O								
450 EAST LAS OLAS BLVD. SUITE 1500		450 EAST LAS OLAS BLVD. SUITE 1500						
FT. LAUDERDALE FL 33301		FT. LAUDERDALE FL 33301		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		j
	_					06/02/1982		
2. Principal P	lace of Business	2a. Mailing Address	-			4. FEI Number	— - - ' '	plied For
21		26				59-2193260		t Applicable
Suite, Apt.	#, etc	Suite, Apt.:#, etc.	-			5. Certifcate of Status Desired	\$8.75 A Fee Re	I .
22		City & State						
City & Stat	e	} 				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	,
Zip	Country	Zip	Cour	ntrv		This corporation owes the current year		1 003
_	25	·	30	,		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		301			10. Name and Address of New Registere	d Agent	
	<u> </u>			81 1	Vame			
AME	RICAN INFORMATION SERVICE	s, inc		82 5	Chan at Addre	ess (P.O. Box Number is Not Acceptable)		
	SE THIRD AVE			02	olieet Addit	ess (F.O. Bux Number is Not Acceptable)		
27Th	1 FLOOR		Ì	83				
MIAI	MI FL 33131			94			. 85 Zip (`ode
				84 (City	F	L	
office or r	to the provisions of Sections 607.05(egistered agent, or both, in the State im familiar with, and accept the obliga-	nf Florida. Such change was au	ıthorized	∣bv the	amed corpo e corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as req	registered gistered
CICNIATURE								
SIGNATURE	Storature baned or printed name of registered age	ant and title if applicable. (NOTE:	Registered	Agent sic	anature required	d when reinstating) DATE		
	Signature, typed or printed name of registered age OFFICERS At	ant and title if applicable. (NOTE:	Registered	Agent sig	gnature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CRIS V BRWW VT

954-627-500