FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F93000004749 (8)

DOCUMENT # 1. Corporation Name SPIPAL, INC.

Principal Place of Business

2542 WILLIAMS BLVD. KENNER LA 70062 Mailing Address

2542 WILLIAMS BLVD. KENNER LA 70062



KENNER LA 70062		KENNER LA 70062							
					. [1	e Incorporated or Qualified 10/21/1993	3a. Date 05	of Last F 5/01/19	
2. Principal Place of Business 21 155 Town +	Cauche De Za	Mailing Address		414		Number 70.4050477			Applied For
21 55 Town + Suite, Apt. #, etc.	Country Dr. 26	2542 W:11	ans	DIVA.	<u>'</u>	72-1252177			Not Applicable
22	27	Suite, Apt. #, etc.			5 . Cer	tificate of Status Desired			Additional Required
City & State 23 Palatka, F	28	Giy & State Kenner, L	A			tion Campaign Financing at Fund Contribution			0 May Be d to Fees
24 32171 25	Country	Zip	Country	/		corporation has liability for	•	under s	199.032,
	29 d Address of Current Regis		30				s 🗌 No		
9, 1141110 011	o Address of Current Negis	Stered Agent	81	Name	10, Na	me and Address of New I	Registered A	gent	
CORPORATION SERV	JICE COMPANY								
CORPORATION SERVICE COMPANY 1201 HAYS ST. 82 Stre					Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32	301		83						
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1					
			64	City			EI.	85 Z	p Code
11. Pursuant to the provisions	of Sections 607.0502 and 60	7.1508, Florida Statutes,	the above-	named corp	poration subm	its this statement for the pu	roose of chan	oina its i	renistered office
Pursuant to the provisions or registered agent, or bot familiar with, and accept the provisions.	h, in the State of Florida. Such ne obligations of, Section 607	n change was authorized. 0505. Florida Statutes	by the corp	oration's bo	oard of directo	ors. I hereby accept the app	xointment as r	egistered	l agent. I am
SIGNATURE	io obligations of, decient dor	10000, Florida Gtatthes.							
	nted name of registered agent and title if	applicable. (NOTE:	Registered Age	nt signature requi	uired when reinstat-	· · · · · · · · · · · · · · · · · · ·	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADD	ITIONS/CHANGES TO OFF	FICERS AND I	DIRECTO	RS IN 12
TITLE PO	NICHTAL LAZ	☐ DELETE	1. 1 TITLE	-				Change	■ Addition
NAME LASSEN,			1.2 NAME						
IZEAIAIED I	IAMS BLVD.		1.3 STREE	FADORESS					
CITY-ST-ZIP KENNER I	A 70062		1.4 CiTY - 1	ST-ZIP	A				
	I TUOMAN N	Z DELETE	2. 1 TITLE	<u>V</u> :	12	1. MASILLA JA		Change	Addition .
0540 14011	I, THOMAS S		2.2 NAME	17	י מווייטת	i constitution se			4
VENNED I	IAMS BLVD.		2.3 STREE	ADDRESS	SVZ WI	llians Block			2
CITY-ST-ZIP KENNER L	A 70002		24 CHTY-	ST-ZIP	CENNER	- LA 70062			
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	IAMS BLVD.		32 NAME	Į),	H CILVER	Wind Alval			
VENNED I				FADDRESS 2:	syrw	DEYNN JR			1
TITLE ST	N 7000E	DELETE	3.4 D/TY-5	ST - ZIP	ENNER	LA 70062			
	JOHN J JR	DELETE	4. 1 TITLE					Change	☐ Addition
	IAMS BLVD.		4.2 NAME						
CITY-S!-ZIP KENNER L			4.3 STREE						
TITLE		DELETE	4.4 CITY - 9 5. 1 TITLE	51-ZIP				Channe	FD 4450
NAME		Decere	5.2 NAME				Ц	Change	Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	ADORECC					
CITY-ST-ZIP									
TILLE		[] DELETE	54 CITY S 6 1 TITLE	11-715			r -1	Change	Addition
NAME			62 NAME				L	Sharige	☐ MUUDUI
STREET ADDRESS			63 STREET	ADDRESS					
CITY-SF-ZIP			t						
	information cumpled with this	filing is voluntarily furnishe	64 City - S	s not oualify	of the exem	ption stated in Section 119	07/21/b) Florid	do Chall d	. 11 4

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 all achieves.

SIGNATURE:

AND THE OF SIGNING OFFICER OR DIRECTOR

Da⊿me Phone #