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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90212 046 ***158.75

DOCUMENT #	F93000004749
1. Corporation Name	1 000000011 10

SPIPAL,	INC.
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,					
Principal Place of Business Mailing Address					
155 TOWN & COUNTRY DR 2542 WILLIAMS BLVD KENNER LA 70082 US			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 10/21/1993		
2. Principal Place of Business 2a. Mailing Ad		2a. Mailing Address		4. FEI Number	Applied For
21		26		72-1252177	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 30	Country	This corporation owes the current year In Personal Property Tax.	stangible
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
1201 H	DRATION SERVICE COMP/ IAYS ST. HASSEE FL 32301	- 12	83	ddress (P.O. Box Number is Not Acceptable)	
			84 City		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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE	Signature, typed or printed name of registered agent and tit	le if applicable (NOTE)	Registered Agent signature require	d when reinstating)	DATE	
12.	OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	LASSEN, SIDNEY W		12 NAME			
STREET ADDRESS	ACAO MINISTRA CINO		1.3 STREET ADDRESS			
CITY-ST-ZIP	KENNER LA 70062		1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	THOMAS A. MASILLA, JR.		2.2 NAME			
STREET ADDRESS	2542 WILLIAMS BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	KENNER LA		2.4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	DAVID A. O'FLYNN, JR.		3.2 NAME			
STREET ADDRESS	2542 WILLIAMS BLVD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	KENNER LA		3.4. CITY-ST-ZIP			
MLE	VP	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	BRODIE, JAMES W.		4.2 NAME			
STREET ADDRESS	2542 WILLIAMS BLVD		4.3 STREET ADDRESS			
CITY-ST-ZIP	KENNER LA 70062		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME]		5.2 NAME			
STREET ADORESS	3		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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 change II, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A. O'Flynn Sr. 4/22/99

CR2E034 (11/98)