

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000002258			
1. Corporation Name			
SPIELMAN SALES, INC.		Mailing Address C/O JOSEPH SCUTELLARO 1144 HOOPER AVENUE SUITE 302 TOMS RIVER, NJ 08753	
Principal Place of Business 40307 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Date Incorporated or Qualified 08/16/90	
21		3a. Date of Last Report 7/24/95	
22 Suite, Apt. #, etc.		4. FEI Number 22-315970	
23 City & State		Applied For <input type="checkbox"/> Not Applicable	
24 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
27			
28			
29			
30			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code FL	
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.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE NAME STREET ADDRESS CITY - ST - ZIP		11 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
D SPIELMAN, GERALD 40307 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 TITLE NAME STREET ADDRESS CITY - ST - ZIP		21 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13 TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14 TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
15 TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
16 TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
17 TITLE NAME STREET ADDRESS CITY - ST - ZIP		62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	
14. 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 in an attachment with an address.			
SIGNATURE: _____		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone _____	