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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1998 8:00am

Secretary of State

Change

Marke

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400002258 (1)

SPIELMAN SALES, INC.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 12890 GRIFFING BLVD % JOE SCTELLARO NORTH MIAMI FL 33161 1144 HOOPER AVE. DO NOT WRITE IN THIS SPACE TOMS RIVER NJ 08753 3. Date Incorporated or Qualified 05/02/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 7960 CAQUILA Not Applicable **22-315970**7 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SPIELMAN, GERALD
42302 FISHER ISLAND DR. 7960 L'AQUILA Way
FISHER ISLAND FL 33109 Dec Ray Beach, FLO33440 Name Street Address (P.O. Box Number is Not Acceptable) City 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 family rwith, and agreept the obligations of, Section 607.0505, Florida Statutes. 122/98 (NOTE Registered Agent signature required wher reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change TITLE 1.1 TITLE Addition SPIELMAN GETALD **SPIELMAN, GERALD** NAME 1.2 NAME 40310 FISHER ISLAND DR. 7960 L'AQUILA Way STREET ADDRESS 1.3 STREET ADDRESS FISHER ISLAND FL 33109 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Addition 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-7IF TITLE DELETE Change ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ■ Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETÉ ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZIP ☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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 changes or on an attachment with an address.