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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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SPARTUS CORP.

## **FILED** Apr 13 1998 8:00am Secretary of State



**Principal Place of Business** Mailing Address 2740 SW MARTIN DOWNS BLVD., SUITE 300 2740 SW MARTIN DOWNS BLVD., SUITE 300 PALM CITY FL 34990 PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1997 Principal Place of Business 2a. Mailing Address Applied For 51-0336273 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible 24 Yes □ No 25 20 30 Personal Property Tax due June 30. p. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SEES. KERRY S 914 SW 29TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE LAX. RONALD G NAME 1.2 NAME 2740 SW MARTIN DOWNS BLVD. SUITE 300 STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition MALE THISTLE, PAMELA 2.2 NAME STREET ADDRESS 22672 LIBERTY OAK LANE 2.3 STREET ADDRESS **CUPERTINO CA 95014** 2.4 CITY-ST-ZIP CITY-S1-7IP DELETE Addition Change TITLE 3.1 TITLE LAX, DOUGLAS NAME 3.2 NAME 2224 PACIFIC DRIVE STREET ADDRESS 3.3 STREET ADDRESS **CORONA DEL MAR CA 92625** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADORESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 is 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 of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 60 or on an attachment with an address.

SIGNATURE: