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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G34511

(7)

SPD CORPORATION

2. Principal Place of Business 2a. Mailing Address 4. FEL Number Suite, Apt 6. etc 5. Certificate of Status Desired	85 Zrp Code	cable nal
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316-2116 Substance Apt #1, etc. 26 Substance Apt #1, etc. 27 City & State City & State 28 City & State City & State 39 Substance Apt #1, etc. 29 20 20 Country 20 Country 20 Country 20 Country 20 20 Country 20 20 Country 20 20 Country 20 20 20 Country 20 20 20 Country 20 20 20 Country 20 20 20 20 20 Country 20 20 20 20 20 20 Country 20 20 20 20 20 20 20 20 20 2	9/1996 Applied F Not Appli \$8.75 Addition Fee Required \$5.00 May B Added to Fees ax under s. 199.0 No gent 85 Zip Code changing its regis	cable nal
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BARTOS, BRUCE L. 1027 SE 17TH ST FT. LAUDERDALE FL 33316 10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of coffice 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 appoint agent I am familian with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SQUARE Agent or providings of registered agent agent and bled applicable. (NOTE Registered Agent signature required whon reinstating) DATE 12. OFFICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. DITE BARTOS, BRUCE L. 12. NAME BARTOS, BRUCE L. 13. STREET ADDRESS CITY-ST-ZIP PV DELETE 14. DITE BARTOS, BRUCE L. 22. NAME SHREEL ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 1635 SW 10TH TERRACE 12. STREET ADDRESS CITY-ST-ZIP FT LAUD, FL 00000 24. CITY-ST-ZIP FT LAUD, FL 00000	gent 85 Zip Code changing its regis	
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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 it is an an officer or director of the corporation or the receiver or trustee empoyeered to execute this report as required by Chapter 607, Florida Statutes; and appears in Block 12 or Block 13 if changed, or on an anatymment with an address.	certify that the	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

2.28-97 954-521-1635

FILED

Feb 27 1997 8:00am

Secretary of State