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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G50696

(5)

SPENC-AIR CORPORATION

Principal Place of Business Mailing Address  1979 10TH AVE N  LAKE WORTH FL 33461  US  US			61	3. Date Incorporated or Qualified 3a. Date of Last Report	
				07/20/1983	04/25/1996
2. Principal P	Place of Business	2e. Mailing Address 26		4. FEI Number 59-2324835	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	CC	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Z <sub>I</sub> р	Country 25	Zıp	Country 30	8. This corporation has liability for it	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Cur			10. Name and Address of New Reg	
SPE	NCER, ROBERT		81 Name		
119 CRANDA COURT			62 Street Add	fress (P.O. Box Number is Not Acceptab	6)
PALM SPRINGS FL 33461			Sireet Aud	riess (r.O. Box Number is Not Acceptab	e)
			83		
			94 63		
			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Stum familiar with and accept the ob-	0502 and 607.1508, Florida Statute ate of Florida, Such change was a ligations of Section 607.0505. Flor	s, the above-named coruthorized by the corpora	poration submits this statement for the pition's board of directors. I hereby accep	reas of sharping its registered
SIGNATURE			Too Olatatoo.		
SIGNATORE	Signature, typed or printed name of registered	agent and title it applicable. (NOTE	Registered Agent signature requ	ired when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
THLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	SPENCER, ROBERT M		1.2 NAME		
STREET ADDRESS	113 GRANADA COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS FL		1.4 CITY - ST - ZIP		
10LE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		·
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-ZIP			2. 4 City - St - ZiP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	· ·	-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C(1 Y - \$1 - 2)P			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		· ·
STREET ADORESS			6.3 STREET ADDRESS		

14. I do 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

SIGNATURE:

appears in Block 12 or Block 13 if

**FILED** 

May 01 1997 8:00am

Secretary of State

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