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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

W.E. SPEARS & ASSOCIATES, INC.

(4)

## **FILED** May 04 1998 8:00am Secretary of State

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Principal Place of Business			Ma	Mailing Address					T LONGING DORN TITLE GREAT SOLING TITLE (	ALL REAL BID	I EVEN BIBLI B	iku eibii ibbi	
7925 8. PARK PLACE ORLANDO FL 32819			7	7825 S. PARK PLACE ORLANDO FL 32819									
			O						DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualified	. 11 11 110	JI AOL		
•									07/21/1983				İ
2. Principal F	lace of Busin	oss	2a.	Mailing Address					4. FEI Number		TA	pplied For	7
21				28					59-2323548			lot Applicab	ole
Suite, Apt #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
22				[27]					St. Gotting and St. Grands Desired		Fee F	Pequired	_
City & State				Crty & State					6. Election Campaign Financing			May Be	
Zip Country				Zip Country					Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible				
24 25			}-~~	29 30			Personal Property Tax due						
		and Address of		ered Agent	1901	1			10. Name and Address of New Re				$\dashv$
81	PEARS, WEI	NOFIL F				81	Name			<del></del>	<del></del>		7
7925 S PARK PL						82 Street Addre			ss (P.O. Box Number is Not Acceptat	- In)			
ORLANDO FL 32819							SHEEL	Addres	ss (F.O. Box Number is Not Acceptat	) <del>(</del> )			
-						83				<u></u>			╗
						84	City				<b>85</b> Zip	Code	
										FL			
11. Pursuant office or agent 1 s	to the provisi registered ago im familiar wit	ons of Sections 6 ant, or both, in the h, and accopt the	07.0502 and 60 c State of Florid c obligations of,	7.1508, Florida Stat a. Such change wa: Section 607.0505, I	utes, the a s authorize Florida Sta	bove d by tutes	e-named the cor	corpo poratio	ration submits this statement for the price board of directors. I hereby acceptions	ourpose of ot the app	changing ointment a	its registere s registered	d
SIGNATURE													_ ]
	Signature, lyped	or printed hame of regis				d Age	ent signature	beniuper	when reinstating)	DATE	DIDEOTO	DO 111 40	[
112.	DP	OFFICE	RS AND DIREC	DELETE	13. 1.1 T	ITI F		<del></del> -	ADDITIONS/CHANGES TO OFFIC	EHS AINL	Change		출
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NAME	SPEARS	, RAMONA A			2.2 N	AME		]					-
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NAME		MICHAEL D			3.2 N			100	eans, Michael D 181 Sylvan Dring Inter Pank, FL .				
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14. 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 suppliemental 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 on an attachment with an address.

SIGNATURE:

W moll I free

4-21-98