PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90009 035 ***158.75

1. Corporation	WENT # G79255					
	SPAS, INC.				į	
UAISEI	or Ao, INO.				E HARRICH ARAN KRAIR FRANK FRANK BIRDE BYRDE	
	·					
Principal Place of Business Mailing Address				•	# 1009/INC BOTE 10010 10110 1000 GITOL DISH BLOST BIRKL DISH SCOT BIRKL COST COST	
4408 AIRPORT 4408 AIRPORT						
STE A-100 STE A-100					DO NOT WIDITE IN THIS SPACE	
PLANT CITY FL 33567-1112 PLANT CITY FL 33567- US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	٦
UO		03			01/20/1984	-
2 Principal Pl	ace of Business CORP	2a, Mailing Address			4. FEI Number Applied For	1
21 ATTN: V. P. STITZEL, COUNSEL 26 SAME					59-2389088 Not Applicable	
Suite, Apt. #, etc. / Suite, Apt. #, etc. /					S Configure of Status Desired \$8.75 Additional	٦
22		27	<u></u>	~~~~	5. Certificate of Status Desired Fee Required	_ =
City & State	· V	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	4
Zip	Country	Zip	Country		8.) This corporation owes the current year Intangible Personal Property Tax W Yes No	
24	25	29 30	<u>'</u>		Personal Property Tax. ☐ Yes ☐ No 10. Name and Address of New Registered Agent	\dashv
Name and Address of Current Registered Agent				Name		7
SORAH, KENNETH W						4
4408 AIRPORT ROAD			82	Street	et Address (P.O. Box Number is Not Acceptable)	
SUIT	E A-100		83			
PLANT CITY FL 33567-1112					V	_
· -			84	City	FL 85 Zip Code	ļ
11. Pursuant 1	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named	ed corporation submits this statement for the purpose of changing its registered	7
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth-	onzed by	the corpo	rporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	./	l A			•	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.				t signature r	re required when reinstating) DATE	<u> </u>
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- :
TITLE	D	DELETE .			D/C Maddition	" }
NAME	JORDAN, MARK F.	,	1.2 NAME		, S. 23	
STREET ADDRESS	4408 AIRPORT RD STE A-100		1.3 STREET ADDRESS		SS	
CITY-ST-ZIP	PLANT CITY FL 33567-1112	DELETE	1.4 CITY-S	r-ZIP	OIVIS ØChange □ Additio	, i
TITLE	DVPS	□ pereie	2.1 TITLE 2.2 NAME		D/V/5 . ***********************************	
NAME	BAKER, WILLIE JOE			*************		
STREET ADDRESS	4408 AIRPORT RD STE A-100 PLANT CITY FL 33567-1112		2.3 STREET 2. 4 CITY-S		33	Ì
CITY-ST-ZIP	PTD PTD	☐ DELETE	3.1 TITLE	1-ZIP	XChange Addition	n
TITLE NAME	SORAH, KENNETH W		3.2 NAME		PI-O- in the management of the second of the	1
STREET ADDRESS	4408 AIRPORT RD., STE A-100		3.3 STREET	ADDRESS	SAME	
CITY-ST-ZIP	PLANT CITY FL 33567-1112					
TITLE	D	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	n
NAME	SPONAGLE, KENNETH E		4.2 NAME			
STREET ADDRESS	17718 NATHANS DR		4.3 STREET	ADDRESS	ss /	
CITY-ST-ZIP	TAMPA FL 33647		4.4 CITY-S			
TITLE		DELETE	5.1 TITLE		T_/_O Change X Additio	חג
NAME			5.2 NAME		GIOVENCO, J. NORMAN	
STREET ADDRESS			5.3 STREET	ADDRESS	S 4408 AIRPORT RD,) STE A-100	
CITY+ST+ZIP			5.4 CITY-S	r-ZiP	PLANT CITY, FL 33567-1112	

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 changed, or on an attachment with an address with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

☐ Change

☐ Addition