FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # J00726

(6)

SPEA	RS REALTY AND INVESTM	IENT, INC.			
Principal Place	of Business	Mailing Address		1 (001410 EISt 00111 00111 10010 11	OIO OILO BIDIF OIDIF OIDII DIOLE DIDLI OFDIF LODE
% WENDELL E. SPEARS 7925 S PARK PLACE ORLANDO FL 32819		% WENDELL E. SPE/ 7925 S PARK PLACE			
OnLANDO	rL 32019	ORLANDO FL 32819		3. Date Incorporated or Qualified	3a. Date of Last Report
				02/21/1986	04/27/1995
2. Principa! Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2639702	Not Applicable
Suite, Apt. #	r, etc	Suite, Apt. #, etc.		5. Cert-ficate of Status Desired	\$8.75 Additional
City & State	····	City & State		8 5125	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		□ No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New F	legistered Agent
			81 Name		
SPEAR	S, WENDELL E.		82 Street Address (P.O. Box Number is Not Acc		le)
	. PARK PLACE		L Sirect Addi	ress (1.0). Pox Homber is Not Abbaptatole)	
	IDO FL 32819		83		
			84 City		85 Zip Code
or registere familiar wit	o the provisions or Sections 607,050, ed agent, or both, in the State of Flori h, and accept the obligations of Sect	da. Such change was authorize	is, the above named corpor ed by the corporation's boar	ration submits this statement for the pur rd of directors. Thereby accept the app	pose of changing its registered office cintment as registered agent. I am
SIGNATURE _	Standine typed or protect has end registered ager	Land the chappings of 1 (fun)	Tr. Begindered Agrich signature regimes	dwise recolating	[a/1]
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
Tille	D	☐ DECETE	1.1 filt#		Change Addition
NAMÉ	SPEARS, MICHAEL D.		1.2 NAME		
STREET ADDRESS	7604 TORINO CT		1.3 STRE: TIADORESS		
CITY - ST - ZIP	ORLANDO FL		14 CITY - ST - 7IP		
TOTLE	DP	☐ DELETE	2 * TOLE		Change Addition
NAME	spears, wendell e.		2.2 NAME		
STREET ADDRESS	7925 S. PARK PLACE		2.3 STHELT ADDRESS		
CITY-ST-ZIP	ORLANDO FL		24 CITY - ST - ZIP		
TITLE	DS	☐ DELETE	3 1 11711		Change Addition
NAME	SPEARS, RAMONA A.		3.2 NAME		
STREET ADDRESS	7925 S. PARK PLACE		33 SIRE LADDRESS		
CITY - ST - 7iP	ORLANDO FL	□ DELETE	3.4 C-TY - ST - Z-P		Change C Address
TITLE		L' Decene	4 1 11101		☐ Change ☐ Addition
NAME STREET ADDRESS			4.2 NAME		
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C(1Y - ST - Z(P) 5. 1 T/TLE		Change Addition
NAME		Ll occur	5.2 NAME		☐ Change ☐ Adoutors
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	€ 1 TiTLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STHEFF ADDRESS		
CITY - ST - ZIP			6 A CITY - ST - 74P		

14. I do hereby certify that the information supplied with this firing is voluntaris furnished and do is not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee entrowered 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 INSULY THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/86 407-876 1420