

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J28818**
Corporation Name
SPANISH RIVER OWNER SERVICES, INC.

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90004 035 ***550.00



Principal Place of Business
111 EAST ATLANTIC AVE.
PO BOX 3024
DELRAY BEACH, FL 33447
US

Mailing Address
1111 EAST ATLANTIC AVE.
PO BOX 3024
DELRAY BEACH, FL 33447
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2708491	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MARSHALL, BARBARA MCM 1111 EAST ATLANTIC AVE DELRAY BEACH FL 33483				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E 1E REET ADDRESS ST-ZIP	PST MARSHALL, JAMES F. 1423 N. SWINTON AVE. DELRAY BEACH FL 33444 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.2 NAME	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
E 1E REET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES F MARSHALL 7-7-99 5612437946

CR2E034 (5/99)