

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J30101 (6)

1. Corporation Name
SPARRING PARTNERS CONSULTATION SERVICES, INC.



Principal Place of Business: ~~60 STRATFORD EAST BOYNTON BEACH FL 33408~~
8758-CHUNNEL TERRACE BOCA RATON, FLA. 33433

Mailing Address: ~~60 STRATFORD EAST BOYNTON BEACH FL 33408~~
8758-CHUNNEL TERRACE BOCA RATON, FLA. 33433 *← SAME*

21	2. Principal Place of Business 8758-CHUNNEL TERRACE BOCA RATON, FLA. 33433	2a. Mailing Address 8758-CHUNNEL TERRACE BOCA RATON, FLA. 33433
22	City & State	27
23	Zip	28
24	Country	29
25		30

3. Date Incorporated or Qualified: **08/25/1986**

3a. Date of Last Report: **07/11/1995**

4. FEI Number: **59-2711010**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

GREENHUT, MARVIN S.
~~60 STRATFORD EAST BOYNTON BEACH FL 33408~~
8758 CHUNNEL TERRACE BOCA RATON, FLA. 33433

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
84 City

10. Name and Address of New Registered Agent

85 Zip Code: **FL**

11. 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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENHUT, MARVIN S.	1.2 NAME	
STREET ADDRESS	60 STRATFORD EAST BOYNTON BEACH FL 8758 CHUNNEL TERRACE BOCA RATON, FLA. 33433	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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 an officer or on an attachment with an address.

SIGNATURE: *Marvin S. Greenhut, Pres.* **4-28-96 (407) 852-0619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)