## 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

J30101

DOCUMENT # SPARRING PARTNERS CONSULTATION SERVICES, INC. Principal Place of Business Mailing Address 8758 CHUNNEL TER 8758 CHUNNEL TERR BOCA RATON FL 33433 **BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE U\$ 3. Date Incorporated or Qualified 08/25/1986 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2711010 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country Zìp 8. This corporation owes or has paid the current year Intangible Yes Yes 29 Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name GREENHUT, MARVIN S. 8758 CHUNNEL TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1,1 TITLE ☐ Change Addition GREENHUT, MARVIN S. NAME 1.2 NAME **CR2E034** STREET ADDRESS 8758 CHUNNEL TER 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-SI-ZIP DELETE ☐ Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition | TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME

14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

**FILED** 

Jan 21 1998 8:00am

Secretary of State