


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90022 043 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # J71077 | | | | | |
| 1. Corporation Name GEORGE F. SPEIZIO INC. | | | | | |
| Principal Place of Business 1249 STIRLING RD. BAY #8 DANIA FL 33004 | | | Mailing Address 1249 STIRLING RD. BAY #8 DANIA FL 33004 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 05/01/1987 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2806332 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| SPEIZIO, GEORGE SR. 1249 STIRLING ROAD BAY #8 DANIA FL 33004 | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D <input type="checkbox"/> DELETE | | | | |
| NAME | SPEIZIO, GEORGE F. SR | | | | |
| STREET ADDRESS | 1135 S 21ST AVE | | | | |
| CITY-STATE-ZIP | HOLLYWOOD FL | | | | |
| TITLE | D <input type="checkbox"/> DELETE | | | | |
| NAME | SPEIZIO, GEORGE JR | | | | |
| STREET ADDRESS | 1135 S 21ST AVE | | | | |
| CITY-STATE-ZIP | HOLLYWOOD FL | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 11 TITLE | | | | | |
| 12 NAME | | | | | |
| 13 STREET ADDRESS | | | | | |
| 14 CITY-STATE-ZIP | | | | | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 22 NAME | | | | | |
| 23 STREET ADDRESS | | | | | |
| 24 CITY-STATE-ZIP | | | | | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 32 NAME | | | | | |
| 33 STREET ADDRESS | | | | | |
| 34 CITY-STATE-ZIP | | | | | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 42 NAME | | | | | |
| 43 STREET ADDRESS | | | | | |
| 44 CITY-STATE-ZIP | | | | | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 52 NAME | | | | | |
| 53 STREET ADDRESS | | | | | |
| 54 CITY-STATE-ZIP | | | | | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 62 NAME | | | | | |
| 63 STREET ADDRESS | | | | | |
| 64 CITY-STATE-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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)