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

PROFIT CORPORATION ANNUAL REPORT

1999 ·



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K44465 1. Corporation Name

TAX SOFTWARE BY SPANKY, INC.

Principal Place of Business 329 SOUTH NOKOMIS AVE. VENICE FL 34285-2417 Mailing Address

329 SOUTH NOKOMIS AVE. VENICE FL 34285-2417

FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90008 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					11/09/1988			
2. Principal Pl	2a. Mailing Address	ng Address		4. FEI Number		Applied For		
21	26				65-0071480		lot Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired		Additional Required	
22					6. Election Campaign Financing	\$5.00	0.May Be	
					Trust Fund Contribution		to Fees	
			Country		This corporation owes the current			
一	25		0		Personal Property Tax.	Yes	□No	
24 25 29 30 9. Name and Address of Current Registered Agent			<u>*</u>	10. Name and Address of New Registered Agent				
	3. Italie and Address of Conte	- Trogistor of Figure	81	Name				
LUGAR, FREDERICK D.								
329 SOUTH NOKOMIS AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				
VENICE FL 34285					1.384.4.2.8.1.341.342.33	10 hat 14 th 14	1 110 118.1 52	
TEMOL I C 01200			83		· 1345年1月1日,初時前提出的		1 41231 41311 1354	
			84	City	. HER IN AN AND MEDICAL	FL 85 Zi	Code 11 11	
<u> </u>	10 007 05	20 LOOZ 4500 Electo Statutos	the chave	named som	noration submits this statement for the nu	rnose of changing i	ts registered	
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 age		<u> </u>	t signature require	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
12.		ND DIRECTORS	13.			☐ Change		
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STREET ADDRESS				1.3 STREET ADDRESS				
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NAMÉ	LUGAR, FREDRICK D.		2.2 NAME					
STREET ADDRESS				ADDRESS			}	
CITY-ST-ZIP	VENICE FL	<u></u>	2.4 CITY-S	T-ZIP				
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NAME	•		l	T ADDRESS			. [
STREET ADDRESS						, ,		
C!TY-ST-ZIP			6.4 CITY-S	1-219		·		

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 afteriment with an address, with all other like empowered.

SIGNATURE:

GNATURE VID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

941-485-251

Daytime Phone /