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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06831

(6)

Mailing Address

THE SPIESS GROUP, INC.

Principal Place of Business

FILED

Jan 27 1997 8:00am

Secretary of State

300 E NEW HAVEN AVE MELBOURNE FL 32901 US	300 E NEW HAVEN AVE MELBOURNE FL 32801-4506 US			
			3. Date incorporated or Qualified 08/03/1989	3e. Date of Last Report 04/02/1996
2. Principal Place of Business 21 306 E. New Haven Ave	2a. Mailing Address 26 306 E. New H	iven Ave	4. FEI Number 59-2960124	Applied For Not Applicable
Suite, API #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	28 Welbourne F	ز	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
32901 25 Brevard	29 3290) 30 BY	erard	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
Name and Address of Current Registered Agent		10, Name and Address of New Registered Agent		
SMITH JUDITH S		81 Name		
-SITT TRADEWIND DR- 306 E. New Haven Are 82 Street Address NOWN HARBOR BEACH FL 32967 Melbourne FL 83			ss (P.O. Box Number is Not Acceptab	le)
32%)				
		B4 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 either 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, tyried or printed name of registers diagram and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PSTD DELETE Change Addition | 1.1 TITLE TITLE smith, judith s 1.2 NAME NAME 306 E. New Haven Ave 511 TRADEWIND DR 1.3 STREET ADDRESS STREET ADDRESS INDIAN HARBOR BCH, F COTY ST. ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 21 TITLE 2.2 NAME MALAF STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETÉ Change THE 3.1 TITLE 3.2 NAME NAME **33 STREET ADDRESS** STREET ADDRESS CITY -ST-ZIP 34. CITY-ST-ZIP DELETE Channe Addition 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-2IP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST 7(P

14. I do 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 Direct 13 if changed of the corporation of the c

SIGNATURE

SIGNATURE ON TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRACTO

1-13-97

Daytime Phone #