

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06831 (6)
 1. Corporation Name
THE SPIESS GROUP, INC.

Principal Place of Business 306 E NEW HAVEN AVE MELBOURNE FL 32901 US	Mailing Address 306 E NEW HAVEN AVE MELBOURNE FL 32901 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6767 N. Wickham Rd Suite, Apt. #, etc 22 Suite 400 City & State 23 Melbourne FL Zip 24 32940 Country 25 Brevard	2a. Mailing Address 26 6767 N. Wickham Rd Suite, Apt. #, etc 27 Suite 400 City & State 28 Melbourne FL Zip 29 32940 Country 30 Brevard
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3. Date Incorporated or Qualified 08/03/1989	4. FEI Number 59-2960124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
 **SMITH JUDITH S
 511 TRADEWIND DR
 INDIAN HARBOR BEACH FL 32937**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SMITH, JUDITH S	
STREET ADDRESS	306 E NEW HAVEN AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, JUDITH S	
1.3 STREET ADDRESS	511 TRADEWINDS DR	
1.4 CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
2.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELIZABETH K. WHITE	
2.3 STREET ADDRESS	176 CHIPMUNK DR	
2.4 CITY-ST-ZIP	GRANBY CO 80446-1550	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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.

SIGNATURE: *Elizabeth K White* **ELIZABETH K WHITE** **970**
SEC/TREASURER **8822468**

CR2E034 (10/97)