

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90028 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06831

1. Corporation Name
THE SPIESS GROUP, INC.

Principal Place of Business 6767 N WICKHAM RD SUITE 400 MELBOURNE FL 32940 US	Mailing Address 6767 N WICKHAM RD SUITE 400 MELBOURNE FL 32940 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7024 Trysail Cir Suite, Apt. #, etc. Tampa FL City & State 23 33607 Zip	2a. Mailing Address 26 7024 Trysail Cir Suite, Apt. #, etc. Tampa City & State 28 FL Zip 29 33607 Country 30
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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	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SMITH JUDITH S
~~511 TRADEWIND DR~~ **7024 Trysail Cir**
~~INDIAN HARBOR BEACH FL 32937~~ **Tampa, FL**
33607

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	SMITH, JUDITH S	
STREET ADDRESS	511 TRADEWINDS DR	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WHITE, ELIZABETH K	
STREET ADDRESS	176 CHIPMUNK DR	
CITY-ST-ZIP	GRANBY CO 80446-1550	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7024 Trysail Cir
1.4 CITY-ST-ZIP	Tampa FL 33607
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3251 CR 60
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, changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE: Elizabeth K White **ELIZABETH K WHITE** **SECRETARY** **970**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2/8/99** **887-2468**
Date Daytime Phone #

CR2E034 (11/98)