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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L27074

(8)

ANTHONY J. SPANO, INC.

FILED Feb 02 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address				11813 B1811 B1811 B1811 B1814 1887
% ANTHONY J. SPANO 400 N. RIVERSIDE DRIVE, APT. 408 POMPANO BEACH FL 33062		400 N. RIVERSIDE DRIV	% ANTHONY J. SPANO 400 N. RIVERSIDE DRIVE. APT. 408 POMPANO BEACH FL 33062		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
2. Principal F	Place of Business	2a, Mailing Address			11/02/1969 4. FEI Number	Applied For
21	26				65-0169197	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #					5. Certificate of Status Desired	\$8.75 Additional
22 27			02.00			Fee Required
City & Stat	10	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Count	ry	B. This corporation owes or has paid the cu	
24	25		30			Yes No ′
	g. Name and Address of Curre	nt Registered Agent	8	d 61	10. Name and Address of New Registered	Agent
SPANO, ANTHONY J.				1 Name		
400 NORTH RIVERSIDE DRIVE			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
1	APT. 408 POMPANO BEACH FL 33062		8:	3		
'	CIMI AND BEACH I E 00002		-	4 64		leel Zin Codo
			84	4 City	Fi	85 Zip Code
SIGNATURE	Signature, lyped or printed name of registured ag	eni and title if applicable (NOTE	Registered A	gent signature rec	quied when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/OFFIANCES TO OFFICE NO ALL	Change Addition
NAME	SPANO, ANTHONY J.		1.2 NAME			
STREET ADORESS	400 N. RIVERSIDE DR #40	8	1.3 STREE	1 ADDRESS		
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		
TITLE	_		2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE			2.4 CITY 3.1 TITLE			Change Addition
NAME			3.2 NAME			•
STREET ADDRESS			3 3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST - 7IP		
TITLE			4 1 TITLE			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE			4.4 CITY - 5.1 DTLE			Change Addition
NAME			5.2 NAME			• •
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE			6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	portify that the information supplied :	ith this filing does not qualify for	6.4 CITY		in Section 119 07(3)(i). Florida Statutes, I further of	pertify that the information

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 trusted 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.

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