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FILED
May 19 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 # L30462 (0)
1. Corporation Name
RUTLAND SPITZER ENTERPRISES, INC.



Principal Place of Business 296 55TH AVE NE ST PETERSBURG FL 33703 US	Mailing Address 296 55TH AVE NE ST PETERSBURG FL 33703 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1989	
4. FEI Number 59-2981482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1100 Monticello Blvd Suite, Apt. #, etc. 22 City & State 23 ST. PETERSBURG, FL Zip 24 33703 Country 25 USA		2a. Mailing Address 26 1100 Monticello Blvd N Suite, Apt. #, etc. 27 City & State 28 ST. PETERSBURG FL Zip 29 33703 Country 30 USA	
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9. Name and Address of Current Registered Agent
SPITZER, ROBERT
296-55TH AVE NE
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1100 MONTICELLO BLVD N.
83	84 City ST. PETERSBURG FL
85 Zip Code 33703	

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 Robert S. Spitzer DATE 4/27/98
Signature, typed or printed name of registered agent and local if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SPITZER, ROBERT S.	1.1 TITLE	1.2 NAME
STREET ADDRESS 296 55TH AVE NE	CITY-ST-ZIP ST PETERSBURG FL	1.3 STREET ADDRESS 1100 MONTICELLO BLVD. N.	1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33703
TITLE DT	NAME SPITZER, DENNIS A.	2.1 TITLE	2.2 NAME
STREET ADDRESS 246 JEFFERSON AVE.	CITY-ST-ZIP ISLAND PARK NY	2.3 STREET ADDRESS 1100 MONTICELLO BLVD N.	2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33703
TITLE VSD	NAME SPITZER, KATIE	3.1 TITLE	3.2 NAME
STREET ADDRESS 296 55TH AVE NE	CITY-ST-ZIP ST PETERSBURG FL	3.3 STREET ADDRESS 1100 MONTICELLO BLVD N	3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33703
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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 Robert S. Spitzer DATE 4/27/98 (K3) 524-1999

CR2E034 (10/97)