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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine (farris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

W08014 SPARTAN HOLDING CO

Principal Place of Business

Mailing Address

17 Huntington Bay Rd. DO NOT WRITE IN THIS SPACE HUNTINGTON, NG 11743 3. Date Incorporated or Qualifeq 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59 - 248415 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zip 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent P. Maltese Street Address (P.O. Box Number is Not Acceptable) 19113W Wooduck LANE Polm City, FL 34990 City 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change ☐ Addition President /SEG. 1.1 TITLE TITLE EMANUEL G. Staploc 1.2 NAME NAME, 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 2.1 TITLE TITLE Ason Streles Bay Rd. 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRES HUNTINGLOW, NG 11743 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Addition IIILE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 of 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 anothers with an other like empowered.

SIGNATURE:

FILED May 24, 1999 8:00 am

Secretary of State

05-24-1999 90027 045 ***150.00

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