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PROFIT 18 CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# M55221

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90060 046 ***150.00

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SPABACO'S	S OYSTER BOAT, INC						
Principal Place	e of Business	Mailing Address			E CENTRON FAN DISEN DISING MANN IN	(BAI 1)Bi 4)Ali Bikil Alalı ası	[[] [] [] [] [] [] [] [] [] [] [] [] []
6186 S CONGRESS BLVD LANTANA FL 33462		6186 S CONGRESS BLVD LANTANA FL 33462		DO NOT WR	ITE IN THIS SPACE	•	
					3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·	
					07/08/1987		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	3.7 W.	26			59-2823826		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee	5 Additional Required
City & State	e A	City & State			Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,	May Be ded to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the cur	rent year Intangible	□No
24	25 / A	nt Projectored Agent	30		Personal Property Tax. 10. Name and Address of New		
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Halife and Address of How	regional regions	
	IUELS, LEONARD K. BERGER & SHAPIRO		1	82 Street Add	dress (P.O. Box Number is Not Accept	table)	·-·
100	NE 3RD AVE, SUITE 400			83			
FT. l	LAUDERDALE FL 33301		Į	84 City	2 (2 m) (2 m) (3 m) (4 m	FI 85 Z	ip Code
	to the provisions of Sections 607.05	00 C07 1500 Florido C	4-1-4 41		reserving submits this statement for the	nurnose of changing	its registered
				ove-named corr			
office or t	paintered agent or both in the State	of Florida, Such change w	as authorized i	by the comorati	tion's board of directors. I hereby acce	ept the appointment as	registered
office or n agent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change w	as authorized i	by the comorati	ion's board of directors. I hereby acce	ept the appointment as	registered
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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 suppliemental 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 with all other like empowered.

SIGNATURE: __