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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

1996

M59261 **DOCUMENT #**

(1)

	HERSPOON CONNECTION	N, INC.				TARANGAN INI PAKA JAMA MANPAN	ê (118) ê 111 (11 <u>8</u>	31 8 7831 81831 81831 82831 12861
Principal Place	of Business	Maiting Addre	ess					
208 N.E. 2ND AVE 130 NORTHWEST BTH AVE. DELRAY BEACH FL 33444 US		C/O JIMMY WEATHERSPOON 130 NORTHWEST 8TH AVE. DELRAY BEACH FL 33444						
					Date Incorporated or Qualified	3a. Date	3a. Date of Last Report	
2. Principal Pl	ace of Business	90 11 2				09/18/1987	04	1/14/1995
21	906 OLD(10) (622	28. Mailing Ad	Kiress			4. FEI Number		Applied For
Suite, Apt	#, etc.	Suite, Apt.	#. etc			65-0004971		Not Applicable
22		27	,			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State)	City & Stat	ite		7	6. Election Campaign Financing		\$5.00 May Be
2.3		28				Trust Fund Contribution		Added to Fees
Ζιμι 24	Country	Ζφ	_	Country		8. This corporation has liability for		x under s 199.032,
	25 9. Name and Address of Curr	29 rent Registered Agen	3	30			s No	
	······································	- Joseph Agen		81	Name	10. Name and Address of New I	Registered A	Agent
WEATHE	RSPOON, JIMMY			L_1				
130 NW 8TH AVE.				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
DELRAY	BEACH FL 33444			83				
				84				
					City		FL	85 Zip Code
H. Pursuant t	o the provisions of Sections 607,05i					protion of boots this state of the		oging its registered offic
or registera familiar wit	ed agent, or both, in the State of Fic h, and accept the obligations of, Se	orida: Such change wa ection 607.0505, Florida	rida Statutes, t as authorized b la Statutes.	the above n by the corpo	named corp pration's bo	oration submits this statement for the pu and of directors. Thereby accept the app	rpose or chai pointment as i	registered agent. I am
familiär wit	h, and accept the obligations of, Se	ection 607.0505, Florida	la Statutes.	o, me cop	oration's bo	and or directors. Thereby accept the app	rpose or cha pointment as i	registered agent. I am
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familiar wit SIGNATURE _ 12. TITLE NAME	h, and accept the obligations of, Se Septimes typical provides consistent to OFFICERS A P WEATHERSPOON, JIMMY	ection 607.0505, Florida estant for Language WD DIRECTORS	la Statutes.	13. 1 1 TITLE 1.2 NAME 1 3 STHEET	ADDRESS	no when rendstang	ENTE	DIRECTORS IN 12
Familiar with SIGNATURE. 12. TITLE NAME STREET ADDRESS	P. WEATHERSPOON, JIMMY 130 NW 8TH AVE. DELRAY BEACH FL ST	ection 607.0505, Florida estant for Language WD DIRECTORS	la Statutes. ASOLE H	Hagistered Agent 13. 1 1 TiTLE 1.2 NAME	ADDRESS	no when rendstang	CATE CERS AND	DIRECTORS IN 12
familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME	P. WEATHERSPOON, WILLIE WEATHERSPOON, JIMMY 130 NW 8TH AVE. DELRAY BEACH FL ST WEATHERSPOON, WILLIE	ection 607.0505, Florida Potant for Lucyaline IND DIRECTORS	la Statutes. ASOLE H	13. 1 1 TIFLE 1.2 NAME 1.3 STHEET 1.4 CFY-ST	ADDRESS	no when rendstang	CATE CERS AND	DIRECTORS IN 12 Change Addition
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SIGNATURE:

4-23-96 407-265-3318