

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 21 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N47358 (9)

1. Corporation Name

THE SPINDLE, INC.



Principal Place of Business	Mailing Address
1000 10TH AVE S #11 LAKE WORTH FL 33460	1000 10TH AVE S #11 LAKE WORTH FL 33460

3. Date Incorporated or Qualified

02/13/1992

4. FEI Number

59-2400196

Applied For

☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
--------------------------------	---------------------

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
-------------------------	-------------------------

22. City & State	27. City & State
------------------	------------------

23. Zip	28. Zip	Country	Country
---------	---------	---------	---------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORVELA ARTHUR E
1000 10TH AVE SOUTH #11
LAKE WORTH FL 33460**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TECK SENG NG	
STREET ADDRESS	1000 10TH AVE S #2	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASKO KATARA	
STREET ADDRESS	1000 10TH AVE S #5	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREISTING, TOIVO	
STREET ADDRESS	1000 10TH AVE S #3	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HILL, VERA	
STREET ADDRESS	1000 10TH AVE S #1	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TORVELA, ARTHUR E.	
STREET ADDRESS	1000 10TH AVE. SOUTH LW #11	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1/4/98

561-547-0579

CR2E037 (10/97)