


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90070 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # N96000000087																																																																																																																																																					
1. Corporation Name SPECIALTY AGENTS POLITICAL AWARENESS COMMITTEE, INC.																																																																																																																																																					
Principal Place of Business 305 SPRING LAKE HILLS DRIVE ALTAMONTE SPRINGS FL 32714			Mailing Address 305 SPRING LAKE HILLS DRIVE ALTAMONTE SPRINGS FL 32714																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/05/1996 4. FEI Number 59-3350887 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
9. Name and Address of Current Registered Agent SPECIALTY AGENTS - MICHELE VICUERY 305 SPRING LAKE HILL PL ALTAMONE SPGS FL 32714			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <u>Michele Vicuery</u> DATE <u>4-1-99</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NO E: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DALY, FRANK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5387 SW ANAHIGA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM CITY FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>FLEMING, ADRIENNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4501 N NEBRASKA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LUCAS, CAREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>32321. HAVEN CT. #100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LEESBURG FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>JENKINS, ELI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5265 PARK BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PINELLAS PARK FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HILL, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5211 TINUQUANA RD #6</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D	<input checked="" type="checkbox"/> DELETE	NAME	DALY, FRANK		STREET ADDRESS	5387 SW ANAHIGA AVE		CITY-ST-ZIP	PALM CITY FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	FLEMING, ADRIENNE		STREET ADDRESS	4501 N NEBRASKA AVE		CITY-ST-ZIP	TAMPA FL		TITLE	V	<input type="checkbox"/> DELETE	NAME	LUCAS, CAREN		STREET ADDRESS	32321. HAVEN CT. #100		CITY-ST-ZIP	LEESBURG FL		TITLE	T	<input type="checkbox"/> DELETE	NAME	JENKINS, ELI		STREET ADDRESS	5265 PARK BLVD		CITY-ST-ZIP	PINELLAS PARK FL		TITLE	P	<input type="checkbox"/> DELETE	NAME	HILL, RICHARD		STREET ADDRESS	5211 TINUQUANA RD #6		CITY-ST-ZIP	JACKSONVILLE FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>D.</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>EFRAN BERRANE</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>7902 NW 36th 4503</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>MIAMI FL 33166</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	EFRAN BERRANE		1.3 STREET ADDRESS	7902 NW 36th 4503		1.4 CITY-ST-ZIP	MIAMI FL 33166		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		
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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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)