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Aug 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. ... Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000089 (0)

1. Corporation Name

SPECIALTY AGENTS POLITICAL ACHIEVEMENT 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 32714-3426

3. Date Incorporated or Qualified 01/05/1996  
3a. Date of Last Report

2. Principal Place of Business 21 5211 Timuquana Road Suite, Apt. #, etc. #6 22 Jacksonville FL City & State 23 Zip 32210 Country USA	2a. Mailing Address 26 5211 Timuquana Road Suite, Apt. #, etc. #6 27 Jacksonville FL City & State 28 Zip 32210 Country USA	4. FEI Number 59-3350889 Applied For Not Applicable	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name Eli S. Jenkins	82 Street Address (P.O. Box Number is Not Acceptable) 5265 Park Blvd.	83 City Pinellas Park FL	85 Zip Code 34665
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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 *Eli S. Jenkins, Treas* ELIS JENKINS, TREAS 7/14/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when substituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DALY, FRANK		1.2 NAME Hill, Richard	
STREET ADDRESS 305 SPRING LAKE HILLS DRIVE		1.3 STREET ADDRESS 5211 Timuquana Road #6	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP Jacksonville FL 32210	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE Fleming, Adrienne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLEMING, ADRIENNE		2.2 NAME Fleming, Adrienne	
STREET ADDRESS 305 SPRING LAKE HILLS DRIVE		2.3 STREET ADDRESS 4501 N. Nebraska Ave	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		2.4 CITY-ST-ZIP Tampa FL 33603	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE Lucas, Caren	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUCAS, CAREN		3.2 NAME Lucas, Caren	
STREET ADDRESS 305 SPRING LAKE HILLS DRIVE		3.3 STREET ADDRESS 32321 Haven Court #100	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		3.4 CITY-ST-ZIP Leesburg FL 34788	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE Jenkins, Eli	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENKINS, ELI		4.2 NAME Jenkins, Eli	
STREET ADDRESS 305 SPRING LAKE HILLS DRIVE		4.3 STREET ADDRESS 5265 Park Blvd	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		4.4 CITY-ST-ZIP Pinellas Park FL 34665	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE VP - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Redmond, Steve	
STREET ADDRESS		5.3 STREET ADDRESS 232 5th Avenue SE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Delray Beach FL 33483	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)