Apr 20, 1999 8:00 am Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700003497

1. Corporation Name

SPENCER INC

NAME SPENCER, INDA STREET ADDRESS 5057 BRECKENRIDGE PLACE UNIT #17 I3 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 DELETE 21 TITLE DS AMME BRUCE-ADDY, SANTI 22 NAME 22 NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 DELETE 31 TITLE DT DT DELETE 31 TITLE DT AMME SPENCER, CASBURN STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 DELETE 31 TITLE 32 NAME 32 NAME 32 NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 DELETE 41 TITLE AMME STREET ADDRESS	2. Principal Place Suite, Apt. #, e	OGE PLACE UNIT #17 CH FL 33417 (5057 BRECKENRIDGE PLA		T #1	7		1 (88) (18) 8 8 18 18 18 18 18 18	82 112 5 5 171 6 6 1	A A ARANA BARAR AN	Im (40) (10) -	
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Zip Country Zip Country Zip Country Zip Country Zip Country St.00 May Be Added to Fees SPENCER, INDA SOF BRECKENRIDGE PLACE UNIT #17 Sa City FL Sa Zip Code	¬ '	·	⊢ '					5. Certifcate of Status Desired	X			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered. 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 agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as regis		Country		Col	intry			6 Election Compaign Financing			•	1
9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 Cit	¬ '		⊢ ' '	_	—			· - •				
SPENCER, INDA 5057 BRECKENRIDGE PLACE UNIT #17 WEST PALM BEACH FL 33417 ### City ##		<u></u>		<u> </u>				10. Name and Address of New R	egistered A	gent]
SUBJECT ADDRESS SOST BRECKENRIDGE PLACE UNIT #17 WEST PALM BEACH FL 33417 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above 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, a m familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyber or printed name of registered agent and 918 if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 DP NAME SPENCER, INDA STREET ADDRESS SO57 BRECKENRIDGE PLACE UNIT #17 INTLE DS DELETE 21 TITLE DS DRECKENRIDGE PLACE UNIT #17 INTLE DS DT DELETE 21 TITLE DT DT DC DELETE 31 TITLE DT DC DELETE 31 TITLE DT DT DC DELETE 31 TITLE DT DT DC DELETE 31 TITLE DT DT DC DELETE 31 TITLE DC DC DC DELETE 31 TITLE DC DC DC DELETE 31 TITLE DC D					81	Name						
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6.4 CITY-ST-ZIP

SIGNATURE:

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.