

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Murdison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15941** (8)

1. Corporation Name

SPIFLA CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **CORPORATION TRUST CENTER
1208 ORANGE ST.
WILMINGTON DE 19801**

Mailing Address: **CORPORATION TRUST CENTER
1208 ORANGE ST.
WILMINGTON DE 19801**

3. Date incorporated (2 digits)	3a. Date of Last Report
09/11/1987	04/27/1994
4. FEI Number	Applied For
72-1101030	Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.001, Florida Statutes ☐ Yes ☒ No	

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
24. ZIP	29. ZIP
25. ZIP	30. ZIP

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
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TITLE	NAME	TITLE	NAME
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CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in s. 199.001, Florida Statutes. I further certify that the information included 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 reason or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *[Signature]* **JOHN J. GULLY, Treasurer** 4/28/95 504-471-6200