

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21084 (9)**
1. Corporation Name
SPINELLON, INC.



Principal Place of Business: CORPORATION TRUST CENTER, 1209 ORANGE ST, WILMINGTON DE 19801
Mailing Address: CORPORATION TRUST CENTER, 1209 ORANGE ST, WILMINGTON DE 19801

3. Date Incorporated or Qualified: **09/27/1988** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **72-1129393**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **808-843 N. US Hwy 41** 2a. Mailing Address: **2542 Williams Blvd**
21. Suite, Apt. #, etc.: Suite, Apt. #, etc.:
23. City & State: **Dunnellon, FL** 27. City & State: **Kenner LA**
24. Zip: Country: 25. Zip: Country: **70062** 29. Zip: Country: 30. Zip: Country:

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. City: 84. City: **FL** 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: Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LASSEN, SIDNEY W. <input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2542 WILLIAMS BLVD.	CITY-ST-ZIP: KENNER LA	1.2 NAME:	
TITLE: ST	NAME: GILLULY, JOHN J. <input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
STREET ADDRESS: 2542 WILLIAMS BLVD.	CITY-ST-ZIP: KENNER LA	1.4 CITY-ST-ZIP:	
TITLE: V	NAME: DAVIDSON, THOMAS S. <input checked="" type="checkbox"/> DELETE	2.1 TITLE: YP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2542 WILLIAMS BLVD.	CITY-ST-ZIP: KENNER LA	2.2 NAME: THOMAS A. Masilla Jr	
TITLE:	NAME:	2.3 STREET ADDRESS: 2542 Williams Blvd	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP: KENNER LA 70062	
TITLE:	NAME:	3.1 TITLE: ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME: DAVID A. D'FLYNN JR.	
TITLE:	NAME:	3.3 STREET ADDRESS: 2542 Williams Blvd	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP: KENNER LA 70062	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)