SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

19**9**8



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P24

(0)

**FILED** Oct 14 1998 8:00am Secretary of State

Principal Place	OULD SPICER DEVELOPME	Mailing Address	<del></del>					
2280 GRANGE HALL RD 2280 GRANGE HALL RD								
BEAVERCREEK OH 45431 BEAVERCREEK OH 45431						DO NOT WRITE IN TH	IS BOACE	
ļ						3. Date Incorporated or Qualified	S PACE	
						05/25/1989		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21 26						31-0735834	Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
22 27							Fee Required	
City & State City & State						6. Election Campaign Financing	\$5.00 May Be	
Zip Country			Zip Country			Trust Fund Contribution	Added to Fees	
24	25	29	30	niu y		8. This corporation owes or has paid the cu Personal Property Tax due June 30.	rent year intangible Yes No	
24	9. Name and Address of Curre			Τ		10. Name and Address of New Registered		
COC	PER, MICHAEL J			81	Name			
321 NORTHWEST THIRD AVENUE				82	Circot Add	dress (P.O. Box Number is Not Acceptable)		
	LA FL 32670			02	Sireet Addr	ess (P.O. Box Number is Not Acceptable)		
				83				
1				84	City		85 Zip Code	
1				54	Ony	Fi	L ] S ZIP COUG	
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								
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								
<u> </u>	Signature, typed or printed name of registered ago			red Aç	geni signature requ	uired when reinstating) DATE	NO DIDECTORS IN 46	
12.	PTD	ID DIRECTORS DELETE	13.	ri E		ADDITIONS/CHANGES TO OFFICERS A	7-4	
NAME	SPICER, ARNOLD	1.21					Change Addition	
STREET ADDRESS	ANA ODINOF HILL DO		1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	BEAVERCREEK OH		1	TY-ST-	i			
TITLE	DVS DELETE			2.1 TITLE			Change Addition	
NAME	ADIATO LEGIST		2.2 NA	ME			Onongo Pradmon	
STREET ADDRESS	2482 N KNOLL DR		2.3 ST	REET	ADDRESS .			
CITY-ST-ZIP	BEAVERCREEK OH		2.4 CII	TY-ST-	·ZIP		:	
TITLE	DT DELETE		3.1 T)T	3.1 TITLE			Change Addition	
NAME	SPICER, ERIC A		3.2 NA	ME				
STREET ADDRESS	3178 LANTZ RD.		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	BEAVERCREEK OH	····	3.4 CIT		ZIP			
TITLE		DELETE	4.1 TIT				Change Addition	
NAME			4.2 NA					
STREET ADDRESS			4.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			4.4 CIT		ZIP			
TITLE		DELETE	5.1 Ti7				Change Addition	
NAME			5.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CIT		ZIP			
TITLE		L_] DELETE	6.1 TIT 6.2 NA				Li Change   Addition	
NAME STREET ADDRESS			1		ADDRESS		· .	
	<u> </u>							
CITY-ST-ZIP			6.4 CIT	1-51-	zir			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

9/16/60