


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90179 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000014612					
1. Corporation Name S.P.V.N. INC.					
Principal Place of Business 5000 STACK BLVD. SUITE A-5 MELBOURNE FL 32901			Mailing Address 5370 LAGUNA VISTA DR MELBOURNE FL 32934		
<div style="text-align: right;">BLVD</div>					
2. Principal Place of Business 21 21		2a. Mailing Address 26 1730 CRANE CREEK		3. Date Incorporated or Qualified 12/24/1992	
Suite, Apt. #, etc. 22 22		Suite, Apt. #, etc. 27 MELBOURNE FL		4. FEI Number 59-3156227	
City & State 23 23		City & State 28 32940 BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 24		Zip 25 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 26 26		Country 27 27		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent RICHARDS, R D 5370 LAGUNA VISTA DR MELBOURNE FL 32934			10. Name and Address of New Registered Agent 81 Name JOHN BOYLE 82 Street Address (P.O. Box Number is Not Acceptable) 1730 CRANE CREEK BLVD 83 83 84 City MELBOURNE FL 85 Zip Code 32940		
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 <u>John Boyle</u> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BOYLE, JOHN				
STREET ADDRESS	2186 HIGHWAY A1A UNIT 8C				
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DAVIS, B E				
STREET ADDRESS	7650 PINECREST AVE				
CITY-ST-ZIP	WEST MELBOURNE FL 32904				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	RICHARDS, R D				
STREET ADDRESS	5370 LAGUNA VISTA DR				
CITY-ST-ZIP	MELBOURNE FL 32934				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	TRUETT, JACK				
STREET ADDRESS	2301 LEEWARD COVE				
CITY-ST-ZIP	KISSIMEE FL 32741				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WOODSON, J W				
STREET ADDRESS	5455 LAKE WASHINGTON RD				
CITY-ST-ZIP	MELBOURNE FL 32934				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	BOYLE JOHN				
1.3 STREET ADDRESS	1730 CRANE CREEK BLVD				
1.4 CITY-ST-ZIP	MELBOURNE FL 32940				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99 407-784-1893
 Date Daytime Phone

CR2E034 (1/1/98)