

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000025499 (3)

1. Corporation Name
S. P. UNLIMITED, INC.



Principal Place of Business: **1500 W CYPRESS CREEK RD SUITE 512 FT LAUDERDALE FL 33309 US**
 Mailing Address: **1500 W CYPRESS CREEK RD SUITE 512 FT LAUDERDALE FL 33309 US**

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: **04/07/1993**
 3a. Date of Last Report: **06/14/1995**
 4. FEI Number: **65-0403793**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SMALL, WALTER
1500 W CYPRESS CREEK RD., #512
SUITE 300
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent (81-84)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 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: _____ (DATE) _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SMALL, WALTER	
STREET ADDRESS	1500 W. CYPRESS CRREK RD., STE. 512	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	AL-OMARI, MOHAMAD	
STREET ADDRESS	1500 W. CYPRESS CREEK RD., STE. 512	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMALL, MYRNA	
STREET ADDRESS	1500 W. CYPRESS CREEK RD., STE. 512	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	WACHTEL, ALLEN	
STREET ADDRESS	1500 W. CYPRESS CREEK RD., STE. 512	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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 or on an attachment with an address.

SIGNATURE: *[Signature]* 4/26/96 (305) 351-0121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR TELEPHONE PREFIX & #

CR2E034 (12/95)