

CAPITAL CONNECTION

850 222 1222

07/06 '99 13:13 NO. 135 02/03

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
JUL 15 AM 9:59PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043061

1. Corporation Name

SPL INC.

Principal Place of Business

Mailing Address

1819 Peachtree Rd.
Suite 610
Atlanta, Ga. 303091819 Peachtree Rd.
Suite 610
Atlanta, Ga. 30309

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

6/18/93

2. Principal Place of Business

3. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

65-0417543

Applied For
Not Applied

22. City & State

27. City & State

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

23. Zip

28. Country

27. Zip

30. Country

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees7. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes☐ No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Brian P. Tague, P.A. c/o
Tew, Cardenas, Rebak
201 S. Biscayne Boulevard
Miami Center, 26th Floor
Miami, FL 33131-4336

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

84. City

FL

85. State

11. Pursuant to the provisions of Sections 607.0102 and 607.008, 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 607.009, Florida Statutes.

SIGNATURE

By _____, State of Florida Agent or the Agent

By _____, Registered Agent (Agent is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

14. TITLE

☐ DELETE

15. NAME

President

16. STREET ADDRESS

Todd W. Nocerini

17. CITY-STATE-ZIP

1819 Peachtree Rd.

18. TITLE

☐ DELETE

19. NAME

Suite 610

20. STREET ADDRESS

Atlanta, Ga. 30309

21. CITY-STATE-ZIP

22. TITLE

☐ DELETE

23. NAME

24. STREET ADDRESS

25. CITY-STATE-ZIP

26. TITLE

☐ DELETE

27. NAME

28. STREET ADDRESS

29. CITY-STATE-ZIP

30. TITLE

☐ DELETE

31. NAME

32. STREET ADDRESS

33. CITY-STATE-ZIP

34. TITLE

☐ DELETE

35. NAME

36. STREET ADDRESS

37. CITY-STATE-ZIP

38. TITLE

☐ DELETE

39. NAME

40. STREET ADDRESS

41. CITY-STATE-ZIP

42. TITLE

43. NAME

44. STREET ADDRESS

45. CITY-STATE-ZIP

46. TITLE

47. NAME

48. STREET ADDRESS

49. CITY-STATE-ZIP

50. TITLE

51. NAME

52. STREET ADDRESS

53. CITY-STATE-ZIP

54. TITLE

55. NAME

56. STREET ADDRESS

57. CITY-STATE-ZIP

58. TITLE

59. NAME

60. STREET ADDRESS

61. CITY-STATE-ZIP

62. TITLE

63. NAME

64. STREET ADDRESS

65. CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.07(3)(b), 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 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 additional page with an address, with all other filers empowered.

SIGNATURE: _____

SIGNATURE AND TITLE OF PERSON NAME OF PERSONS OFFICER OR DIRECTOR

7/6/99

SIGNATURE