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

Mailing Address

2a. Mailing Address

City & State

Zin

Suite, Apt. #, etc.

29 38756-4101 30

SUITE 100

26

28

600 CLEVELAND STREET

CLEARWATER FL 34615-4157

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

600 CLEVELAND STREET

CLEARWATER FL 34615-4157

2. Principal Place of Business

Suite, Apt. #, etc.

33755-4101

SPENCER, SCOTT A 600 CLEVELAND STREET

City & State

SUITE 100

21

22

23

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000072560 (4)

SPENCER INTERNATIONAL ADVISORS, INC.

Country

g. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1993 4. FEI Number Applied For 59-3209241 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 33755-410

FILED

Mar 27 1998 8:00am

Secretary of State

SUITE 620 83 CLEARWATER FL 34615-4157 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 bile if applicable (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition VPD TITLE 1.1 TITLE SPENCER, SCOTT A NAME 1.2 NAME 45 ST. ANDREWS DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BELLEAIR FL** CHTY-ST-ZIP 1.4 City-St-ZIP DELETE ☐ Change Addition TITLE PD 2.1 TITLE SPENCER, JAMES L NAME 2.2 NAME 4 BAY BROOK PLACE STREET ADDRESS 2.3 STREET ADDRESS **BELLEAIR FL 34616** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition **VPS** Channe TITLE 3.1 TITLE SPENCER, WENDY A NAME STREET ADDRESS 45 ST. ANDREWS DRIVE 3.3 STREET ADDRESS **BELLEAIR FL** 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE SPENCER, STEPHEN J NAME 4 2 NAME 1661 EAST BAY DRIVE STREET ADDRESS 4.3 STREET ADDRESS LARGO FL 34641 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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)(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 on an attachment with an address.

OLONIATURE

Und Dan-

3/20/98

(813) 445-947

SR2E034 (10/97)