

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90047 026 ***150.00

DOCUMENT # P93000072560

1. Corporation Name

SPENCER INTERNATIONAL ADVISORS, INC.

Principal Place of Business

**600 CLEVELAND STREET
SUITE 100
CLEARWATER FL 33755-11
US**

Mailing Address

**600 CLEVELAND STREET
SUITE 100
CLEARWATER FL 33755-101
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1993

4. FEI Number

59-3209241

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33755-4101

US

33755-4101

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPENCER, SCOTT A
600 CLEVELAND STREET
SUITE 620
CLEARWATER FL 33755-4101**

81 Name

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

Suite 100

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **SPENCER, SCOTT A**
CITY-ST-ZIP **45 ST. ANDREWS DRIVE**
BELLEAIR FL

1.1 TITLE **President/Director** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **Zip = 33756**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SPENCER, JAMES L**
CITY-ST-ZIP **4 BAY BROOK PLACE**
BELLEAIR FL 34616

2.1 TITLE **Chairman/Director** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **Zip = 33756**

TITLE ☐ DELETE
NAME **VPS**
STREET ADDRESS **SPENCER, WENDY A**
CITY-ST-ZIP **45 ST. ANDREWS DRIVE**
BELLEAIR FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **Zip = 33756**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SPENCER, STEPHEN J**
CITY-ST-ZIP **1661 EAST BAY DRIVE**
LARGO FL 34641

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **Zip = 33771**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

Scott A. Spencer

3/22/99

(727) 445-9473

Date

Daytime Phone #

CR2E034 (11/98)