## 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

## DOCUMENT # P9300076530

Country

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1. Corporation Name

JACKIE SPAZIANO, INC.

Principal Place of t	susine:
8671 WEST MCNAB	ROAD
TAMADAC EL 22221	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

9189 AFFIRMED LANE **BOCA RATON FL 33496** 

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90127 014 \*\*\*150.00



	DO NOT WRIT	E IN THIS	SPACE			
3.	Date Incorporated or Qualifed					
	11/04/1993					
١.	FEI Number		1	Applied For		
	65-0447687			Not Applicable		
5.	Certifcate of Status Desired			Additional Required		
5.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
3.	This corporation owes the curre Personal Property Tax.	ent year Int	angible Yes	□No		
0.	Name and Address of New Registered Agent					

9. Name and Address of Current Registered Agent Name SPAZIANO, JACKIE Street Address (P.O. Box Number is Not Acceptable) 8671 WEST MCNAB ROAD TAMARAC FL 33321 84 Zip Code City 85

Country

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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 a	im familiar with, and accept the obligations of, Sec	mon 607.0505, FION	ia Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and title if appli	cable. (NOTE: R	egistered Agent signature require	ed when reinstating)		DATE		
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CH	NS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	SPAZIANO, JACKIE		1.2 NAME					
STREET ADDRESS			1.3 STREET ADORESS					
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY+ST+ZIP					
TITLE	DVS	DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	SPAZIANO, FRANK		2.2 NAME					
STREET ADDRESS		·	2.3 STREET ADDRESS	<u> </u>	,- <b>-</b>		_	
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-ST-ZIP					
TILE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS	•		3.3 STREET ADDRESS					
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •	•	3.4. CITY-ST-ZIP					
TITLE		□ DELETE	4.1 TITLE				Change	Addition
NAME	<b>Σ</b> , ·		4, 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					:
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	- · · · · · · · · · · · · · · · · · · ·			Change	☐ Addition
NAME	'		5.2 NAME			•		
STREET ADDRESS	·		5.3 STREET ADDRESS					
CITY-ST-ZIP	٠		5.4 CITY-ST-ZIP					
TITLE	_	☐ DELETE	6.1 TITLE				Change	Addition
NAME	4- 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20	_	6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY OF THE	<u>.</u>		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.

CR2E034 (11/98)