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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077516 (1)

SPIKE PUNICKI, INC.

Mailing Address

FILED Apr 22 1997 8:00am Secretary of State



		4460 ALAL & ALAFAIISE						
2325 N.W. 6 AVENUE WILTON MANORS FL 33311		2325 N.W. 6 AVENUE WILTON MANORS FL 33311-3713						
					3. Date Incorporated or Qualified 11/01/1993		e of Last (3/1996	Report
2. Principal Place of Business		2a. Mailing Address	28. Mailing Address		4. FEI Number	<u></u>	I A	pplied For
1		26			65-0450705		N	lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc 27	; .		5. Certificate of Status Desired			Additional Required
City & State	,	City & State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Ζιρ 4	Country 25	Zip 29	Coun	try	8. This corporation has liability for in Florida Statutes	ntangible t Yes	ax under No	s. 199.032,
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	glistered A	gent	
	iicki, daniel		8	Name				3
2325 N.W. 6 AVENUE WILTON MANORS FL 33311			Ē	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
			3	33				
			E	14 City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida S	Statutes, the abo	ove-named cor	poration submits this statement for the p	urpose of	changing	its registered
agent. La	egistered agent, or both, in the 5 m familiar with, and accept the o	bligations of, Section 607.050	was authorized 35, Florida Statu	toy the corpora tes.	ation's board of directors. I hereby accep	or rue abbo	illittiietit a	s regisiereu
SIGNATURE								
	Signature, typed or printed name of registero			Agent signature requ	uired when reinstating)	DATE		50 10 40
12.	OFFICERS	AND DIRECTORS	13.		uired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND		
12. TIILE	OFFICERS D		13. E 1.1 YETL	F		ERS AND	DIRECTO Change	
12. TULE NAME	D D PUNICKI, DANIEL	AND DIRECTORS	13. E 1.1 TITL 1.2 NAM	E E		ERS AND		
12. TILLE NAME STREET ALKURESS	D PUNICKI, DANIEL 2325 N.W. 6 AVENUE	AND DIRECTORS DELET	E 1.1 YITL 1.2 NAM 1.3 STR	E EET ADDRESS		ERS AND		
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b. For nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this angular report of supplemental annual report is true and eccurate and that my eignature shall have the same legal effect as if made under oath; the laman office or director of the corporation or the receiver of 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 aggress.

SIGNATURE:

WHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #