**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000002717

JORDAN-	-SPENCER, INC.						
Principal Place	of Business	Mailing Address			1 :00(100( ((3 (0))) @ (4); 00()) ##(() ##(() #	Bitt Baita :: att : asat :	IAII IAAI
1721 NW 99TH AVE BOX 19346		PLANTATION FL 33318			DO NOT WRITE IN T	HIS SPACE	
					01/12/1994		Ì
2. Principal Place of Business 2a. Mailing Address			<del></del>		4. FEI Number	- Apr	olied For
	21 26				65-0461561	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	<b>\$8:75</b> A	
City & State     City       23     28		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 3	0		Personal Property Tax.		□No
Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent	
71101	ED DAME C		81	Name			
TUPLER, DAVID S 6950 CYPRESS RD			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
SUITE 101			83		•		ļ
PLANTATION FL 33317			84	City		FL 85 Zip C	ode
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut ons of, Section 607.0505, Floric	horized by la Statutes.	the corpor	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	opointment as reg	registered jistered
	Signature, typed or printed name of registered agent		<del></del>	t signature req	uired when reinstating) DATI		00.111.40
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DPS	□ DELETE			BARAN K ERANGE	A curaing	
NAME	BABCOCK, FRANCIC		1.2 NAME		BABCOCK, FRANCIE		
STREET ADDRESS	1721 NW 99TH AVE		1.3 STREET				
CITY-ST-ZIP	PLANTATION FL	☐ DELETE	1.4 CITY-5" 2.1 TITLE	I-ZIP		Change	Addition
TITLE	DVT BABCOCK, COUGLAS	( ) besser	2.2 NAME		BABLOCK, DOUGLAS	<i>"</i>	_
NAME	1721 NW 99TH AVE		2.3 STREET	I	MACOULA, DOGGERS	,	ľ
STREET ADDRESS	PLANTATION FL		2.4 CITY-S	- 1	The same of the sa		F-1-50
CITY-ST-ZIP	PERMINIONIE	[] DELETE	3.1 TITLE	11-21		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS		•	ļ
CITY-ST-ZIP			3.4. CITY-S				-
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				•
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY- S	Ī	_		
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			52 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS		•	
GITI-31-2F			5.4 CITY-S	T-ZIP			
TITLE		C DELETE	6.1 TITLE		·	☐ Change	☐ Addition

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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Drules

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90014 047 \*\*\*150.00