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**Feb 17 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000009311 (9)

1. Corporation Name
SPC INDUSTRIES, INC.



Principal Place of Business
**2062 WEAVER PARK DRIVE
CLEARWATER FL 34625
US**

Mailing Address
**2062 WEAVER PARK DRIVE
CLEARWATER FL 34625-2130
US**

3. Date Incorporated or Qualified 01/28/1994	3a. Date of Last Report 03/04/1996
4. FEI Number 59-3227122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2768 Countryside Blvd.	2a. Mailing Address 26 2768 Countryside Blvd.
Suite, Apt. #, etc. 22 #3	Suite, Apt. #, etc. 27 #3
City & State 23 Clearwater FL	City & State 28 Clearwater FL
Zip 24 34621	Country 25 USA
Zip 29 34621	Country 30 USA

9. Name and Address of Current Registered Agent HILLMAN, SAMUEL R 13560 49TH STREET NORTH SUITE 4-A CLEARWATER FL 34620		10. Name and Address of New Registered Agent 81 Name Robert L. Shear Esq.	
		82 Street Address (P.O. Box Number Is Not Acceptable) 2600 McCormick Drive, Suite 230	
		83	
		84 City Clearwater	85 Zip Code FL 34619

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 **Robert L. Shear, Esq.** *Robert L. Shear* **2/12/97**
Signature, typed or printed name of registered agent and, if applicable, (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, SPENCER P		1.2 NAME	
STREET ADDRESS 2768 COUNTRYSIDE BLVD. #3		1.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34621		1.4 CITY-ST-ZIP	
TITLE Secretary	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Cohen, Laha		2.2 NAME	
STREET ADDRESS 2768 Countryside Blvd. #3		2.3 STREET ADDRESS	
CITY-ST-ZIP Clearwater, FL 34621		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Spencer Cohen* **SPENCER COHEN** **1/17/97** **813-461-2646**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)