

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 #. P94000022880

1. Corporation Name
SPEAR CONSULTING GROUP, INC.

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90088 012 ***150.00

0294382



Principal Place of Business		Mailing Address	
3721 SW 47TH AVE SUITE 307 FORT LAUDERDALE FL 33314 US		3721 SW 47TH AVE SUITE 307 FORT LAUDERDALE FL 33314 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 27 City & State	
22 City & State		28 29 Zip	
23 Zip		30 Country	
24		25	
9. Name and Address of Current Registered Agent			
SPEAR, DAVID A 3721 SW 47 AVE SUITE 307 FORT LAUDERDALE FL 33314			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
FL 85 Zip Code			

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 03/21/1994		
4. FEI Number 65-0474149		
Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		

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	DPST	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, WILLIAM L		1.2 NAME
STREET ADDRESS	3721 SW 47TH AVE., SUITE 307		1.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP
TITLE	VAT	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, DAVID A		2.2 NAME
STREET ADDRESS	3721 SW 47TH AVE., SUITE 307		2.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP
TITLE	VAS	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, JEFFREY N		3.2 NAME
STREET ADDRESS	3721 SW 47TH AVE., SUITE 307		3.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL		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 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:  Date: 4-14-99 Daytime Phone #: 954-581-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)