FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 16 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036339 (7)

1. Corporation Name

C.A. SPARKS ENTERPRISE, INC.

Principal Place of Business	Mailing Address
~~400 E. ATLANTIC BLVD.~~ ~~#9~~ ~~POMPANO BEACH FL 33060~~	~~400 E. ATLANTIC BLVD.~~ ~~#9~~ POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0494450	☐ Applied For ☐ Not Applicable
21 2801 N. COURSE DRIVE	26 2801 N. COURSE DRIVE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 #B102	27 #B102		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 POMPANO BEACH, FL	28 POMPANO BEACH, FL		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24 33069 / 25	29 / 30 33069		

9. Name and Address of Current Registered Agent

~~LUTWAK, SCOTT~~
~~1191 EAST NEWPORT CENTER~~ DR.
~~SUITE 104~~
~~DEERFIELD BEACH FL 33442~~

10. Name and Address of New Registered Agent

81 Name: COLLEEN A. SPARKS
82 Street Address (P.O. Box Number is Not Acceptable): 2801 N. COURSE DRIVE
83 #B102
84 City: POMPANO BEACH FL 85 Zip Code: 33069

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: X Colleen A. Sparks — X 3/10/95 DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	COLLEEN A. SPARKS	1.2 NAME	COLLEEN A. SPARKS	
STREET ADDRESS	2801 N. COURSE DR. - B102	1.3 STREET ADDRESS	2801 N. COURSE DRIVE - B102	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

3/20

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Colleen A. Sparks — X 3/10/95 — 305-786-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103804 CP