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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400036339

1. Corporation Name

C.A. SPARKS ENTERPRISE, INC.

Principal Place	e of Business	Mailing Address					1010 1511 1501	
8365 NW 46 DR #B102		8365 NW 46 DR #B102						
CORAL SPRING	S FL 33067	CORAL SPRINGS FL 33067				DO NOT WRITE IN THIS SPACE		
us us						3. Date Incorporated or Qualifed		
	•					05/13/1994		
2. Principal Pl	lace of Business	2a. Mailing Address				· · · · · · · · · · · · · · · · · · ·	lied For	
21		26				00 0 10 1 100	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired 5. Section		
22	·	27				Fee Re	uired	
City & State	e	City & State				6. Election Campaign Financing \$5.00		
23		28				Trust Fund Contribution Added to	Fees	
Zip Country		Zip _	`			8. This corporation owes the current year transible Personal Property Tax Yes No		
24	25	29 3	0			1 crooner 1 report) Taxi	□NO	
	9. Name and Address of Curren	nt Registered Agent	81	Name		10. Name and Address of New Registered Against		
CDAI	DEC COLLEEN A		l°'	Name				
SPARKS, COLLEEN A.			82	Street	t Addres	ss (P.O. Box Number is Not Acceptable)		
8365 NW 46 DR			-	.				
#B102 CORAL SPRINGS FL 33067			83	'				
COR	AL SPRINGS PL 33007		84	City		85 Zip C	ode	
				<u> </u>		FL of shape in the	rogistorod	
office or n	egictored agent, or both, in the State	of Florida, Such change was auti	honzed by	the com	corporation	ation submits this statement for the purpose of changing its 's board of directors. I hereby accept the appointment as reg	istered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statute	s.				
SIGNATURE						when reinstating) DATE		
	Signature, typed or printed name of registered age		<u> </u>	ent signature	required w			
12.						ADDITIONS/CHANGES TO DESICEDS AND DIRECTO	PS IN 12	
1		ND DIRECTORS	13.		T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12 Addition	
TITLE	PD.	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
TITLE NAME	PD SPARKS, COLLEEN A.		1.1 TITLE 1.2 NAME					
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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 copyoration 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.

6.4 CITY+ST-ZIP

SIGNATURE