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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045530 (0)

SPRINGTIME, INC.

Principal Place of Business Mailing Address 7571 E. SIERRA TERR. 7571 E. SIERRA TERR. **BOCA RATON FL 33433 BOCA RATON FL 33433-3313** US 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1994 01/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0503202 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 30 25 29 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GLUCK, ROBERT E 11900 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 780 83 NORTH MIAMI FL 33181 84 Zip Code 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change TITLE 1.1 TITLE REICH, AVIVA P. NAME 1.2 NAME 7571 E. SIERRA TERRACE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE Change Addition 31 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE TITLE 51 TITLE ___ Change Addition NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TIFLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - S1 - ZIP 6.4 CITY-ST-ZIP

14. Ido 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

SIGNATURE:

appears in Block 12 or Block 13

hment with an address.

FILED

Jan 23 1997 8:00am

Secretary of State