

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000050284 (6)

1. Corporation Name

SPARTY LUBE, INC.



Principal Place of Business

1155 S.W. 25TH AVE.  
BOYNTON BEACH FL 33426

Mailing Address

1155 S.W. 25TH AVE.  
BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified  
07/05/1994

3a. Date of Last Report  
07/28/1995

2. Principal Place of Business

2a. Mailing Address

21 1885 S.W. 4TH AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 E-7

27

City & State

City & State

23 DELRAY BEACH, FL

28

Zip

Country

Zip

Country

24 33444

25

P.B.

29

30

4. FEI Number  
65-0510805

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCOVITCH, ALLEN J  
1155 S.W. 25TH AVE.  
BOYNTON BEACH FL 33426

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME MCINNES, ROBERT  
STREET ADDRESS B-17 BAMBOO DR.  
CITY-ST-ZIP BRINY BREEZES FL 33435

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE  
NAME MARCOVITCH, ALLEN J  
STREET ADDRESS 1155 S.W. 25TH AVE.  
CITY-ST-ZIP BOYNTON BEACH FL 33426

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE  
NAME KIPPERT, JOAN Z  
STREET ADDRESS 1902 SPANISH TRAIL #1  
CITY-ST-ZIP DELRAY BEACH FL 33483

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

*Allen J. Marcovitch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN J. MARCOVITCH 4/22/96 (407) 276-9196  
Date Daytime Phone #

CR2E034 (12/95)