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PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000078431 (1)

SPEARS ENTERPRISES, INC.

FILED Apr 03 1998 8:00am Secretary of State



5					8111 18 111 1888	EL IKU
Principal Place	of Business	Mailing Address	· <u></u>	E 140011401 140 18151 01011 80111 00111 0	mile Mains Jahan 1911, 61848 (1981)	W: 1881
3779 NW 16TH	· · ·	3779 NW 16TH ST				
LAUDERHILL F US	·L 36311	LAUDERHILL FL 33311 US		DO NOT WRITE IN THIS SPACE		
		••		3. Date Incorporated or Qualified		
				10/24/1994		
2. Principal Pla		2a. Mailing Address	you Ave.	4. FEI Number	Applie	ed For
21 0000	W4mAve,		gric Ave.	65-0552687		pplicable
22 Unit	17	Suite, Apt., #, etc.		5. Certificate of Status Desired	S8.75 Add	
City & State 23 Ft. La	uderdale, FL		tale, PL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma	
っぴュュ	Country	Zip	Sal Browned	8. This corporation owes or has pa		
24 <u>333</u>	9, Name and Address of Current	11 00 0 1	30 Browned	Personal Property Tax due June		0
CDE		Hedisteled Ydeut	81 Name	10. Name and Address of New R	egistered Agent	
	ARS, PAMELA H 1 N NEW RIVER CANAL ROAD					
	NTATION FL 33324		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
167	B41/411014 (£ 00024		83			
			84 City		FL 85 Zip Cod	le
11. Pursuarit to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the		gistered
office for re	egistered agent, of both, in the State of	f Florida. Such chan ge w as at ons of. Section 607.0505. Flor	uthorized by the corpora rida Statutes	poration submits this statement for the ation's board of directors. I hereby acce	pt the appointment as reg	istered
adem i an						
•	James A. D.	2010	Total States (States)		3-30-98	
SIGNATURE	Signature, typed or printed name of registered agely	and little if applicable (NOTE	Registered Agont signature requi	uired when reinstating)	3-30-98 DATE	
SIGNATURE	Jamela H. 2	and lifte if applicable (NOTE DIRECTORS	Registered Agent signature requi		3-30-78 CERS AND DIRECTORS IN	N 12
SIGNATURE	Signature, typed or printed name of registered age! OFFICERS AND	and little if applicable (NOTE	Registered Againt signature required 13.	uired when reinstating)	3-30-98 DATE	
SIGNATURE 12. TITLE NAME	Spears, PAMELA H.	and into if applicable (NOTE DIRECTORS DELETE	Registered Agont signature required 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	3-30-78 CERS AND DIRECTORS IN	N 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P SPEARS, PAMELA H. 9341 N. NEW RIVER CANAL RI	and into if applicable (NOTE DIRECTORS DELETE	Registered Agont signature required to the s	uired when reinstating)	3-30-78 CERS AND DIRECTORS IN	N 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEARS, PAMELA	and title if applicable (NOTE DIRECTORS DELETE	Ragistered Agont signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	uired when reinstating)	3-30-98 CERS AND DIRECTORS IF	N 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SPEARS, PAMELA M. 9341 N. NEW RIVER CANAL RIPLANTATION FL	and into if applicable (NOTE DIRECTORS DELETE	Registered Agont signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinstating)	3-30-98 CERS AND DIRECTORS IF	N 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SPEARS, PAMELA H. 9341 N. NEW RIVER CANAL RIPLANTATION FL VP SPEARS, M. C	and trie of applicable (NOTE DIRECTORS DELETE	Registered Agont signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	uired when reinstating)	3-30-98 CERS AND DIRECTORS IF	N 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SPEARS, PAMELA M 9341 N. NEW RIVER CANAL RI PLANTATION FL VP SPEARS, M. C 9341 N. NEW RIVER CANAL RI PLANTATION FL VP SPEARS, M. C 9341 N. NEW RIVER CANAL RI	and trie of applicable (NOTE DIRECTORS DELETE	Registered Agont signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstating)	3-30-98 CERS AND DIRECTORS IF	N 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SPEARS, PAMELA H. 9341 N. NEW RIVER CANAL RIPLANTATION FL VP SPEARS, M. C	and trie of applicable (NOTE DIRECTORS DELETE	Registered Agont signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	uired when reinstating)	3-30-98 CERS AND DIRECTORS IF Change	N 12 Addition
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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 (I changed, o) on an affachment with an address. Spears, Pamela H. Spears 3-30-98 954-463-1994 SIGNATURE: