Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90017 044 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000078431

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

SPEARS	ENTERPHISES, INC.	•					
Principal Place	e of Business	Mailing Address					181 1181 1881
2800 SW 4TH AVE 2800 SW 4TH AVE							
UNIT 17 UNIT 17						DO NOT MIDITE IN THIS SDACE	
FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315						DO NOT WRITE IN THIS SPACE	
us us						3. Date incorporated or Qualifed 10/24/1994	
2 Principal Pl	land of Rusiness	2a. Mailing Address	-				ied For
						<del></del>	Applicable
21     26						\$8.75 Ad	
22 27						5. Certificate of Status Desired Fee Req	
City & State City & State					<del></del>	6. Election Campaign Financing 55.00 M	lav Be
23 28						Trust Fund Contribution Added to	
Zip	Country	Zip	Coul	ntry	'	8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	3500
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
		<del></del> -	ļ	81	Name		
SPEARS, PAMELA H				82 Street Add		dress (P.O. Box Number is Not Acceptable)	
9341 N NEW RIVER CANAL ROAD				30 Street Add			
PLAN	NTATION FL 33324			83		<del></del>	
			-	0.4	e in	85 Zip Ci	nde
				84	City	FL  °   200	,,,,,
agent. I a	rn familiar with, and accept the obligation	ations of, Section 607.0505, Flo	rida Statu	ites	i. 	tion's board of directors. I hereby accept the appointment as regi	
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	P DELETE		1.1 111	1.1 TITLE		☐ Change	☐ Addition
NAME	SPEARS, PAMELA H.		1.2 NA	ME			
STREET ADDRESS	DORESS 9341 N. NEW RIVER CANAL RD.			1.3 STREET ADORESS			
CITY-ST-ZIP	PLANTATION FL	•	1.4 CIT	ry-s	T-ZIP		
TITLE			2.1 TIT	2.1 TITLE		Change	☐ Addition
NAME	SPEARS, M. C		2.2 NA	ME			,
STREET ADDRESS		RD.	2.3 ST	REET	TADDRESS		;
CITY-ST-ZIP	PLANTATION FL		2.4 CI	TY-S	ST-ZIP		
TITLE	□ DELETE			Œ		☐ Change	☐ Addition
NAME .			3.2 NA	ME	1		
STREET ADDRESS			3.3 ST	REE	TADDRESS		
CITY-ST-ZIP			3.4. CI	TY-S	ST-ZIP		
TiTLE		☐ DELETE	4.1 TII	ιE		☐ Change	Addition
NAME			4. 2 N/	AME			
STREET ADDRESS			4.3 ST	REE	T ADDRESS		
CITY-ST-ZIP		·	4.4 CI	TY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TIT	LE		☐ Change	Addition
NAME	{		5.2 NA	ME			
STREET ADDRESS			5.3 ST	REE	TADDRESS		
CITY-ST-ZIP	_		5.4 CIT		T-ZIP	` <u> </u>	
TITLE		☐ DELETE	6.1 TIT	LE	T	☐ Change	☐ Addition
NAME			6.2 NA	МE	1		

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 exporation 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 chapted or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE