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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

(451) 846-433

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400082492 (7)

JEFFREY C. SPARKS, P.A.

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business Mailing Address 418 W. BRYAN ST 418 W. BRYAN ST											
418 W. BRYAN ST Kissimmee Fl 34741			KISSIMMEE FL 34741-5671				:				
								3. Date incorporated or Qualified 11/10/1994	3a. Date o		eport
2. Principal Pa	ace of Busin	ness	2a.	Mailing Address			<del></del>	4. FEI Number		Ap	plied For
21			26					59-3279118			t Applicable
Suite, Apt. #, etc.			<b>├</b> -1	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ <b>\$</b>	8.75 / Fee Re	Additional guired
City & State				City & State				6. Election Campaign Financing			May Be
23			28	28				Trust Fund Contribution		Added t	
Zιρ		Country		Zip		Country		8. This corporation has liability for	r intangible tax		199.032,
24	0 Nama	25 and Address of Curre	29 ent Regist	ered Agent	30			Florida Statutes  10. Name and Address of New R			
SPA	RKS, JEFF					81	Name				· · · · · · · · · · · · · · · · · · ·
418 W. BRYAN ST.				82 Street Ado			Street Addr	ress (P.O. Box Number is Not Accepta	able)		
KISSIMMEE FL 34741						83	·		<del> </del>		
						84	City		FL  8	5 Zip (	Code
11. Pursuant office or r agent. La	to the provis egistered aç m familiar w	sions of Sections 607.05 gent, or both, in the Sta jith, and accept the obli	502 and 60 te of Florid igations of	)7.1508, Florida Statu la. Such change was , Section 607.0505, F	ites, the author lorida S	e above ized by Statutes	e-named corp the corporat s.	poration submits this statement for the tion's board of directors. I hereby according to the control of the con	purpose of cha ept the appoint	inging it ment as	s registered registered
SIGNATURE	Streature Types	for printed name of registered a	agent and title i	if applicable. [NC	TE: Regis	stered Age	int signature requir	red when reinstating)	DATE		
12.		OFFICERS A	<u> </u>	TORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTOR	
TILLE	PD	10000010		DELETE		I.1 TITLE			L	Change	Addition
NAME		, Jeffrey C St Bryan Street				.2 NAME					
STREET ADDRESS		EE FL 34741				I.3 STREET					
CITY - S1 - ZIP	1/100111111	EE IE OT/TI		004.555		A CITY-S	it-zir				Addition
NAMÉ				□ DELETE	2	1.1 TITLE				Change	Addition
STREET ADDRESS				☐ DELETE		2.2 NAME				Change	L Audilion
				□ DECENE	2		ADDRESS			Change	L Audition
CHY+S1+ZIP	ļ				2 2	2.2 NAME 2.3 STREET 2. 4 CITY-5					
TITLE				DELETE	2 2 3	2.2 NAME 2.3 STREET 2. 4 CITY-5 3.1 TITLE				Change Change	Addition
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14. I do 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