


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90108 003 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000082492</b>					
1. Corporation Name <b>JEFFREY C. SPARKS, P.A.</b>					
Principal Place of Business <b>418 W. BRYAN ST KISSIMMEE FL 34741</b>			Mailing Address <b>418 W. BRYAN ST KISSIMMEE FL 34741</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/10/1994</b>	
21 <b>3101 MAGUIRE BLVD.</b>	26 <b>3101 MAGUIRE BLVD.</b>	4. FEI Number <b>59-3279118</b>		Applied For Not Applicable	
22 <b>SUITE 101</b>	27 <b>SUITE 101</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 <b>ORLANDO, FL</b>	28 <b>ORLANDO, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>32803</b>	25 <b>32803</b>	29 <b>32803</b>		30 <b>32803</b>	
9. Name and Address of Current Registered Agent <b>SPARKS, JEFFREY C 418 W. BRYAN ST. KISSIMMEE FL 34741</b>			10. Name and Address of New Registered Agent		
			81 Name <b>JEFFREY C. SPARKS</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>3101 MAGUIRE BLVD.</b>		
			83 <b>SUITE 101</b>		
			84 City <b>ORLANDO</b>		
			85 Zip Code <b>32803</b>		
11. Pursuant to the provisions of Sections 607.0501 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: <i>Jeffrey C. Sparks</i> <b>JEFFREY C. SPARKS, PRES.</b> <b>4/27/99</b> 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 <b>PD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>SPARKS, JEFFREY C</b>			1.2 NAME		
STREET ADDRESS <b>418 WEST BRYAN STREET</b>			1.3 STREET ADDRESS		
CITY-STATE-ZIP <b>KISSIMMEE FL 34741</b>			1.4 CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-STATE-ZIP			2.4 CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-STATE-ZIP			3.4 CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-STATE-ZIP			6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jeffrey C. Sparks* **JEFFREY C. SPARKS, PRES** **4/27/99** **407-848-2635**  
SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #

CR2E034 (11/98)