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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000082492

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

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

1. Corpc ratio	n Name	002402				
JEFFRE	y C. Sparks, P.A.					
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						K
Principal Plac		Mailing Address				
418 W. BEYAN	<del>-</del> ·	418 W. BRYAN ST				
Kissimmee Fl	34/41	KISSIMMEE FL 34741		DO NOT WRI	TE IN THIS SPACE	
				3. Date Incorporated or Qualifed		
				11/10/1994		
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number		Applied For
21 3101 4	MAGUNEE BIND.	26 BIOI MAGGINE	e blud.	59-3279118	<u> </u>	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	Additional
22 SULT		27 SUITE WI		S. Coran Sale of Glades Begined	Fee F	Re quired
City & Stat		City & State	<del></del> ,	6. Election Campaign Financing		May Be
	Country	<del></del>	FC Country	Trust Fund Contribution		d to Fees
24 32.80		Zip 32803 3	¬ '	This corporation owes the curre     Personal Property Tax.	ent year Intangible  Yes	□No
50 00	9. Name and Address of Current	<del></del>	<u></u>	10. Name and Address of New R		
		nogavoro	81 Name		iogioto: sa rigorit	
	rks, jeffrey c			rey C. Spurks	<del>-,</del>	
418	W. BRYAN ST.		82 Street Addr	ress (P.O. Box Number is Not Accepta		
KISS	SIMMEE FL 34741		83			
			Sur	6 10		
			84 City	et al la constant de	F1 85 Zir	Code
11. Pursuant	to the provisions of Sections 607.0502:	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the	purpose of changing i	ts registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligate	f Florida. Such change was auth ons of. Section 607.0505. Florid	orized by the corporation a Statutes.	on's board of directors. I hereby accep	it the appointment as i	reç istered
SIGNATURE	(   llu ( . < /	- Voteren	C. SOLAKS	FLEC.	4.3749	i
SIGNATUFIE	Signature, uper or printed name of registered agent		C Sparces egistered Agent signature required		4-3749 DATE	
12.	OFFICERS AND	DIRECTORS	13.	THES. d when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(\$)(i), Florida Statutes. I further ce tify that the information indicated on this annual report or supplemental ar nual 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 as on an attachment with an address, with all other like empowered.

SIGNATURE:

MTG : AND YPPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Displace | Date

Displace | Displace |