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

CORPORATION **ANNUAL REPORT** 

**19**97



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088047 (3)

SPENCER BROTHERS INC.

## **FILED** May 13 1998 8:00am Secretary of State



Principal Plac 15553 8W 107 MIAMI FL 3315		Mailing Address 15553 SW 107TH PL MIAMI FL 33157-1358						
					3. Date Incorporated or Qualified 12/06/1994	3a. Date (		Report
	Place of Business	2a. Mailing Address			4. FEI Number		1-1-	pplied For
21 Suite Ant	# oto	Surte, Apt. #, etc.			65-0529973			lot Applicable
Suite, Apt.		[27]			5. Certificate of Status Desired See Required Fee Required			Required
City & Slat	e	Cily & State			Election Campaign Financing     Trust Fund Contribution			May Be Ito Fees
Zip	Gountry	28 Zip	Count	у				
<del>}</del>		29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Current			~ <sub>1</sub>	10. Name and Address of New R	egistered Age	nt	
SPE	NCER, BERTRAM		8	Name				
15553 SW 107TH PL MIAMI FL 33157			8:	Street Add	dress (P.O. Box Number is Not Acceptable)			
MIA	MI FL 3319/		8:	3				
			8	1 City		8	5 Zip	Code
		·		'	poration submits this statement for the attorn's board of directors. I hereby according	FL.		
SIGNATURE	Signature, typication perited terms of treat to notice and OFFICERS AND	DIRECTORS	13.	jest signalute tequ	and when renstaling)  ADDITIONS/CHANGES TO OFFI			
TALE	P   <b>Spe</b> ncer, Bertram	DEL <b>E</b> TE	111111			u	Change	☐ Addition
NAME execut adoption	15553 S.W. 107TH PLACE		1.2 NAME	I ADDRESS				
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		1.4 CITY					
TITLE	V	DELETE	21 TITLE	01 411			Change	Addition
NAME	SPENCER, DEVON		2.2 NAME				-	
STREET ADORESS	1896 TRISTAN DR.		2.3 STHEE	T ADDRESS				
CITY-ST-ZIP	SMYRNA GA 30080		2 4 CITY	-ST-ZIP				
TITLE		DELETE	3 1 11īLÉ				Change	Addition
NAME			3.2 NAME	,				
STREET ADDRESS			1	T AUDRESS				
CITY-ST-ZIP		DELETE	3.4. City 4.1 Title				Change	☐ Addilion
TITLE NAME		☐ NUTCH	4.1 BILE 4.2 NAM	1		_	•	Addition
STREET ADDRESS				( ADDRESS	00000252 -05/15/98010	24841 31-010	J	
City-St-Zip			44 0 TY-	l l	ቀቀቀተናም በሰ	111016		
TITLE	•••••••••••••••••••••••••••••••••••••••	DELETE	5.1 TITLE		**************************************		Change	Addition
NAME			5.2 NAME				<u>_</u>	LS
STREET ADDRESS			5.3 STREE	T ADDRESS			•	~~
CITY - ST - ZIP			5.4 City-	ST - ZIP				<u> 2112</u>
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				LADDRESS	_			
CITY-ST-ZIP	by cortify that the integration supplied	with this Ober stone not sug	64 CiTY-		d in Section 119.07(3)(i) Florida Statut	oe I further on	rtify that	Ltho

The new year was the internation supplies with this property was the billing does not quarry 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 truspec empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.