

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

PROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jun 02 1998 8:00am
Secretary of State

DOCUMENT # P94000091893

1. Corporation Name
Spirit Investors, Inc.
20241 Boca West Drive
Boca Raton, Florida 33434Principal Place of Business
20241 Boca West Drive
Boca Raton, Florida 33434

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2b. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

3. Name and Address of Current Registered Agent

Sheldon Maschler
7496 Mahogany Bend Pl.
Boca Raton FL 33434

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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

Signature of the individual named as registered agent in this statement

Signature of the individual named as registered agent in this statement

Date

12. OFFICERS AND DIRECTORS

12.1. President
Sheldon Maschler
7496 Mahogany Bend Place
Boca Raton, Florida 33434

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13.

13.1. TITLE

13.2. NAME

13.3. STREET ADDRESS

13.4. CITY-STATE-ZIP

13.5. TITLE

13.6. NAME

13.7. STREET ADDRESS

13.8. CITY-STATE-ZIP

13.9. TITLE

13.10. NAME

13.11. STREET ADDRESS

13.12. CITY-STATE-ZIP

13.13. TITLE

13.14. NAME

13.15. STREET ADDRESS

13.16. CITY-STATE-ZIP

13.17. TITLE

13.18. NAME

13.19. STREET ADDRESS

13.20. CITY-STATE-ZIP

13.21. TITLE

13.22. NAME

13.23. STREET ADDRESS

13.24. CITY-STATE-ZIP

13.25. TITLE

13.26. NAME

13.27. STREET ADDRESS

13.28. CITY-STATE-ZIP

13.29. TITLE

13.30. NAME

13.31. STREET ADDRESS

13.32. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date [] Time []

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