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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500007860 (6)

SPRING SWINGS INC.

appears in Block 12 or Block 13 if cha

| Principal Place 9771 NW 91 C MIAMI FL 33170 US | DURT | Mailing Address 9771 NW 91 COURT MIAMI FL 33178-1428 US | | | | | | | |
|---------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------|-------------|----------------------------------------------|-------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--|
| Ų0 | | | | | | | 3. Date Incorporated or Qualified 01/26/1995 | 3a. Date of Last Report 04/04/1996 | |
| 2. Principal Place of Business | | 2a. Mailing Address 26 | | | | 4. FEI Number -65-2561246 65-05 | 56/246 Applied For Not Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State |) | City & State | | | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 23 Zip | Country | 28 Zip | l Co | untry | | | Trust Fund Contribution 8. This corporation has liability for in | Added to Fees | |
| 24 | 25 | 29 | 30 | , | | | Florida Statutes | Yes ☐ No | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | Istered Agent | |
| | DER, STEPHEN D | | | 81 | Nam | 0 | | | |
| | 21 SW 75 AVE | | | 82 | Stree | t Addre | ress (F.O. Box Number is Not Acceptable) | | |
| MIA | MI FL 33157 | | | 83 | | | ALMA TIPLE TO THE | | |
| | | | | 84 | City | | | FL 85 Zip Code | |
| agent. I ar SIGNATURE | m familiar fills, and Tecept the objugat | 39 - 61, Section 607.0505, Fit | onda St | atutes | S. | | oration submits this statement for the pu on's board of directors. I hereby accept | | |
| | Signa, Ire, type a or printed name of registered agent OFFICERS AND | | F Registe | | nt signat | ure required | d whoo reinstating) ADDITIONS/CHANGES TO OFFICE | 12/411 | |
| 12. | DPT OF ICE IS AND | DELETE | | 11111 | | | ADDITIONAL TO GIVE | Change Addition | |
| NAME | SNYDER, STEPHEN D | | 1.2 | NAME | | | | | |
| STREET ADDRESS | 17721 SW 75TH AVE. | | 1.3 | STHEET | AUDRES | s | | | |
| CITY-ST-ZIP | MIAMI FL 33157 | | 1.4 | CHY-S | S1 - 7(P) | | | | |
| TITLE | DVS | DELETE | | TITLE | | | | Change Addition | |
| NAME | Gaynor, Robert M 3490 n. 31st ave. | | | NAME | | | | | |
| STREET ADDRESS | HOLLYWOOD FL 33021 | | - 1 | STREET COLY-: | ADDRES | 5 | | | |
| CITY-ST-ZIP TITLE | 1100011100011 | DELETE | | TITLE | 31-211 | - | 10.00 | Change Addition | |
| NAME | | | 32 | NAME | | | | | |
| STREET ADDRESS | | | 33 | STREET | ADDRES | s | | | |
| CITY-SY-ZIP | | | 3.4 | . CITY- | ST-7IP | | | | |
| TITLE | | ☐ DEFETE | | THEE | | | | Change Addition | |
| NAME | | | | 2 NAME | | | | | |
| STREET ADDRESS | | | | | T ADDRES | is | | | |
| CITY-ST-ZIP | | DELETE | | CHY-S | S1-7IP | | | Change Addition | |
| TITLE NAME | | - Meet | | NAME | | 1 | | | |
| STREET ADDRESS | | | | | I ADORES | s | | | |
| CITY-ST-ZIP | | | | CHY-S | | | | | |
| TITLE | <u> </u> | DELETE | | TITLE | | <u> </u> | | Change Addition | |
| NAME | | | 6.2 | NAME | | | | | |
| | | | | ennee | LADDDES | · . | | | |

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