

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000033191 (4)

1. Corporation Name  
THE SPARTAN GROUP, INC.

Principal Place of Business  
3871 COASTAL HWY.  
ST. AUGUSTINE FL 32095

Mailing Address  
3871 COASTAL HWY.  
ST. AUGUSTINE FL 32095

APPROVED  
AND  
FILED  
97 AUG -1 AM 7:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3860 Coastal Hwy Suite, Apt. #, etc. 22 ST. AUGUSTINE, FL City & State 23 ST. AUGUSTINE, FL Zip 24 32095		2a. Mailing Address 26 3860 Coastal Hwy Suite, Apt. #, etc. 27 ST. AUGUSTINE, FL City & State 28 ST. AUGUSTINE, FL Zip 29 32095		3. Date Incorporated or Qualified 04/27/1995		3a. Date of Last Report 06/05/1996	
25 USA		30 USA		4. FEI Number 59-3308510		Applied For Not Applicable	
9. Name and Address of Current Registered Agent ALEXANDER, KERN ESQ. 412 SOUTHWEST 88TH TERRACE GAINESVILLE FL 32807		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
81 Name		82 Street Address (P.O. Box Number, if applicable) 8000002259908--0 -08/06/97--01103--014 ****165.00 ****165.00		83		84 City FL	
85 Zip Code		86		87		88	

11. Pursuant to the provisions of Sections 607.0502 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: *(Kevin Schmidt)* President 7-21-97  
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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, ROBERT KEVIN MR.	1.2 NAME	
STREET ADDRESS	3880 COASTAL HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVA, ROBERT MR.	2.2 NAME	
STREET ADDRESS	441 BELGRAVE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA 30084	2.4 CITY-ST-ZIP	
TITLE	SVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, ALFRED BAUMAN	3.2 NAME	
STREET ADDRESS	328 BEACH CLUB VILLAGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JOHN'S ISLAND SC 29485	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *(Kevin Schmidt)* 7-21-97 (97) 826-1451

CP2E034 (4/97)