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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	'S SPREADS, INC.	0048981 (1)			10 (1840 (1841 (1841 1841 (1841
Principal Plac	e of Business	Mailing Address			YSK KRIKA IÖLDY KOLOL KIRK KOGAL
133 DUKE DRIVE 350 SOUTH COUNTY ROAD SUITE 201 LAKE WORTH FL 33460 US		133 DUKE DRIVE 350 SOUTH COUNTY ROAD SUITE 201 LAKE WORTH FL 33460 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				06/19/1995	
— ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0606563	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the ci	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	l Agent
THIBADEAU, PAUL 81 Name					
324 ROYAL PALM WAY SUITE 201			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
PALM BEACH FL 33480			83		
			84 City		85 Zip Code
44 5	10-40-007-05	00 007 4500 51		F	
office or i agent. I a SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag		thorized by the corpora ida Statutes. Registered Agent signature requ	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
LITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	TERRY, PRESCOTT L		1.2 NAME		
STREET ADDRESS	133 DUKE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE NAME		_ beerie	2.1 IIILE 2.2 NAME		Change Addition
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		!
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DĒLĒTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		LJ DELLIC	5.2 NAME		Strango FounDOI
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS		·	6.3 STREET ADDRESS		
0/TV 07 7/D			e 4 OUTV CT 340		

14. I 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 of 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 changes of on an attachment with an address.

FILED

Apr 15 1998 8:00am

Secretary of State