FIL	E NOW: FIL	ING FEE A	AFTER M	AY 1	IS \$225	. 00				
COF	PROFIT RPORATION JAL REPORT Secretary of State DIVISION OF CORPORATIONS							٠		_
1. Corporatio		P95000	05869	7 (0)					
SPANI	(Y'S, INC.									
Principal Place of Business Mailing Address								ii odiii fefili odio		(40 1011) (00) (50)
	PALM BEACH BLVD. II BEACH FL 33411			. Palm bea .m beach :						
2 Principal Pl	lace of Business		2a. Mailing Ai	aldress			Date Incorporated or Qua 07/28/1995 FEI Number	ified 3a. D	ate of Last	·
	Clematis 5	trect	26 . 500	CSIA	na do S	Short	65-05985	28	ļ	Applied For Not Applicable
Suite, Apt.			Suite, Apt 27	l. #, elc.			5. Certificate of Status Desire		•	5 Additional Required
	Palm Beach	, FL	28 17		n Bu	g, A	6. Election Campaign Financ Trust Fund Contribution	ing \square		00 May Be ed to Fees
- Zip 24 234/		aum But	7ιρ 29 33	401	30 Country			Yes No		3 199.032,
	9. Name and Add	iress of Current F	legistered Age	nt	81		10. Name and Address of N	lew Registere	d Agent	
JONES.	ROBERT D				Ľ.					
	YAL PALM BEACH	BLVD.			82	Street Addr	ess (P.O. Box Number is Not Acc	eptable)		
ROYAL	Palm Beach Fl 3	3411			83					************
					84	City		F	85 Z	?ip Code
11. Pursuant t	to the provisions of Se	ctions 607.0502 an	id 607.1508, Flo	rida Statute	es, the above-	named corpor	ration submits this statement for th			registered office
or register	ed agent, or both, in th th, and accept the obli	re orang our orbat.	SUCH CHANGE W	as a unonze	ea by me cara	oration's boar	ration submits this statement for the rd of directors. Thereby accept the	appointment	as registere	d agent. I am
SIGNATURE .	Signature, typed or picture nai	tota e e e		1 7.0	<u> </u>					
12.	Software the an interestina	OFFICERS AND D		(74.)	13.	of Signature response	ADD/HONS/CHANGES 1C	DATE LOFFICERS AT	ND DERECT	008 IN 19
TITLE	-P0			DELETE	1 1 Trile	9	ec. / Treas.	011011374	Change	
NAME	SANGER, JOHN				1.2 NAME					
SZEFOGA 1398TZ	590 ROYAL PAL).		1 3 STREET	ADDRESS				
CITY-ST-ZIP TITLE	POYAL PALM B	EACH FL 33411		VI CTC	14 C+T r - S	I - ZIP				
NAME	# Simons	. Anthon		DELETE	2 1 1111 F				☐ Change	Addition
STREET ADDRESS	500 cle	mate Stre	<u>u</u>		2.2 NAME 2.3 STREET	ADORCOC				
7/	West-Palm	n Bench,	Fh 334	101	2.4 City S					
HILFE	97	·-·· ·-··················		ELETE	3 1 Drue				Change	Addition
NAME	# Kubich	t, Micha	니		3.2 NAME					
STREET ADDRESS	300 CL C.	make su			33 STREET	ADDRESS				
CITY-S1-7#	JACOL Hall	n Buch,	·····		3 4 C+TY+S	1 - 2iP		 		
TITLE NAME			L U	ELETE	4 1 T.TLE				☐ Change	Addition
STREET ADDRESS					4.2 NAME	Angeres				
CITY-ST-ZIF					4.3 STREET 4.4 CITY - S					
TITLE		\	0	ELETE	5 1 TIF_E				Change	Addition
NAME					5.2 NAME					
STREET ADDRESS					5 3 STREET	ADDRESS				

14. I do hereby certify that the information supplied with this filipg is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on the annual report, if 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 of 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 charged, or on an attachment with an address

5 4 CITY - ST - 7-P

6.3 STREET ADDRESS

6.4 City -ST ZiP

6 1 1/11

6.2 NAME

DELETE

SIGNATURE: TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

Change Addition