
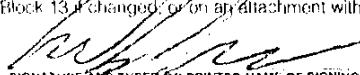


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000058697 (0)</b>					
1. Corporation Name <b>SPANKY'S, INC.</b>					
Principal Place of Business <b>500 CLEMATIS STREET WEST PALM BEACH FL 33401 US</b>			Mailing Address <b>500 CLEMATIS STREET WEST PALM BEACH FL 33401-5304 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/28/1995</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>65-0598528</b>	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JONES, ROBERT D 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411</b>			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			85. Zip Code		
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 _____ DATE _____					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 TITLE <input type="checkbox"/> DELETE			13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PD SIMONS, ANTHONY S</b>			13.2 NAME		
STREET ADDRESS <b>500 CLEMATIS STREET</b>			13.3 STREET ADDRESS		
CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>			13.4 CITY-ST-ZIP		
12.2 TITLE <input type="checkbox"/> DELETE			13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>VPD HABICHT, MICHAEL</b>			13.6 NAME		
STREET ADDRESS <b>500 CLEMATIS STREET</b>			13.7 STREET ADDRESS		
CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>			13.8 CITY-ST-ZIP		
12.3 TITLE <input type="checkbox"/> DELETE			13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>STD SANGER, JOHN</b>			13.10 NAME		
STREET ADDRESS <b>500 CLEMATIS STREET</b>			13.11 STREET ADDRESS		
CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>			13.12 CITY-ST-ZIP		
12.4 TITLE <input type="checkbox"/> DELETE			13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			13.14 NAME		
STREET ADDRESS			13.15 STREET ADDRESS		
CITY-ST-ZIP			13.16 CITY-ST-ZIP		
12.5 TITLE <input type="checkbox"/> DELETE			13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			13.18 NAME		
STREET ADDRESS			13.19 STREET ADDRESS		
CITY-ST-ZIP			13.20 CITY-ST-ZIP		
12.6 TITLE <input type="checkbox"/> DELETE			13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			13.22 NAME		
STREET ADDRESS			13.23 STREET ADDRESS		
CITY-ST-ZIP			13.24 CITY-ST-ZIP		
12.7 TITLE <input type="checkbox"/> DELETE			13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			13.26 NAME		
STREET ADDRESS			13.27 STREET ADDRESS		
CITY-ST-ZIP			13.28 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:  3/17/97 (561) 832-7964					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)