

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

JUNE

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000087285 (9)

1. Corporation Name

SPIRIT FILLED INVESTMENT CORPORATION, INC.



Principal Place of Business

Mailing Address

9160 N.W. 62ND COURT ROAD
MIAMI FL 33147

9160 N.W. 62ND COURT ROAD
MIAMI FL 33147

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

650619908

4. FEI Number

650619908

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCRARY, JESSE J JR.
2800 BISCAYNE BLVD., SUITE 800
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 607.0504, Florida Statutes.

SIGNATURE

JESSE J. McCrary, Jr.

(Signature, typed or printed name of registered agent and then applicable)

(Note: Registered agent signature required)

DATE

6-19-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BROWNE, ALBERT
STREET ADDRESS 17501 N.W. 42ND AVE.
CITY - ST - ZIP MIAMI FL 33055

TITLE D
NAME HALL, HILTON
STREET ADDRESS 8631 N.W. 8TH STREET
CITY - ST - ZIP PEMBROKE PINES FL 33024

TITLE D
NAME WILKERSON, DEWEY L JR.
STREET ADDRESS 18431 N.W. 43RD STREET
CITY - ST - ZIP MIAMI FL 33147

TITLE D
NAME FERGUSON, DANA
STREET ADDRESS 8990 NW 188TH STREET
CITY - ST - ZIP MIAMI FL 33015

TITLE D
NAME BERNARD, RICHARD
STREET ADDRESS 9160 N.W. 32ND CT. ROAD
CITY - ST - ZIP MIAMI FL 33147

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RICHARD BERNARD

(Signature and typed or printed name of signing officer or director)

6/12/96

806-0938

DATE

Corporate Phone #

CR2E034 (3/96)