

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000087285**

1. Corporation Name

**SPIRIT FILLED INVESTMENT CORPORATION, INC.**

Principal Place of Business  
**9160 N.W. 32ND COURT ROAD  
MIAMI FL 33147**

Mailing Address  
**9160 N.W. 32ND COURT ROAD  
MIAMI FL 33147**

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90009 032 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/14/1995**

4. FEI Number

**65-0619908**

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 owes the current year  
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**MCCRARY, JESSE J JR. ESQ  
2800 BISCAYNE BLVD.  
9TH FLOOR  
MIAMI FL 33137**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

*Richard Bernand*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWNE, ALBERT</b>	
STREET ADDRESS	<b>17501 N.W. 42ND AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>DANIELS, ALBERT JR</b>	
STREET ADDRESS	<b>17627 N.W. 66TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMUELS, GENE</b>	
STREET ADDRESS	<b>20443 N.W. 28TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, DANA</b>	
STREET ADDRESS	<b>8990 NW 188TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BERNARD, RICHARD</b>	
STREET ADDRESS	<b>9160 N.W. 32ND CT. ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES, DAVID</b>	
STREET ADDRESS	<b>1009 N.W. 2ND AVENUE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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:

*Richard Bernand*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/14/99**

Date

Daytime Phone #

CR2E034 (5/99)