

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.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P95000088964 (8)**

1. Corporation Name

THOMAS G. SPEARS AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

3901 S OCEAN DR APT 16L
 HOLLYWOOD FL 33019

3901 S OCEAN DR APT 16L
 HOLLYWOOD FL 33019

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 19305 N.W. 12th ST.

26 19305 N.W. 12th ST.

4. FEI Number

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. 199.032, Florida Statutes Yes No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

PEMBROKE PINES, FLA.

28 City & State

PEMBROKE PINES, FLA.

24 Zip

33029

25 Country

USA

29 Zip

33029

30 Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPEARS, THOMAS G
 3901 S OCEAN DR APT 16L
 HOLLYWOOD FL 33019

81 Name SPEARS, THOMAS G.

82 Street Address (P.O. Box Number is Not Acceptable)
 19305 N.W. 12th STREET.

83

84 City PEMBROKE PINES FL 85 Zip Code 33029

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

N/A

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME D
 STREET ADDRESS SPEARS, THOMAS G
 3901 S OCEAN DR APT 16L
 CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
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 STREET ADDRESS
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 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE CEO Change Addition
 12 NAME SPEARS, THOMAS G
 13 STREET ADDRESS 19305 N.W. 12th STREET
 14 CITY-ST-ZIP PEMBROKE PINES, FLA. 33029

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 charged, or on an attachment with an address

SIGNATURE:

Thomas G. Spears
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-96 (954) 435-3555

DATE

DATE PHONE

CR2E034 (3/96)