

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000097620 (5)

1. Corporation Name:

SPRAITZ INVESTMENTS, INC.

Principal Place of Business

2184 LONGBOAT DRIVE  
NAPLES FL 33942-3377

Mailing Address

2184 LONGBOAT DRIVE  
NAPLES FL 34104-3377

2. Principal Place of Business

21  
Suite, Apt. #, etc.

2a. Mailing Address

26  
Suite, Apt. #, etc.

22  
City & State

27  
City & State

23  
Zip

28  
Zip

24  
Country

29  
Country

25

30

9. Name and Address of Current Registered Agent

SPRAITZ, MATTHEW P  
2184 LONGBOAT DRIVE  
NAPLES FL 33942-3377

3. Date Incorporated or Qualified 01/01/1996	3a. Date of Last Report
4. FEI Number 65-0632102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D SPRAITZ, MATTHEW P 2184 LONGBOAT DRIVE NAPLES FL 33942-3377</p>		<p><input type="checkbox"/> DELETE</p> <p>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</p>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D FRIEDMAN SPRAITZ, CINDY 2184 LONGBOAT DRIVE NAPLES FL 33942-3377</p>		<p><input type="checkbox"/> DELETE</p> <p>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> DELETE</p> <p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> DELETE</p> <p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> DELETE</p> <p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> DELETE</p> <p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

*Sandra B. Mortham*  
Secretary of State

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

430-97

941-643-1967

Date

Daytime Phone #

CR2E034 (9/96)