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PROFIT Apr 27 1998 8:00am FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Mort ANNUAL REPORT Secretary of Sta Secretary of State DIVISION OF CORPO TIONS 1998 DOCUMENT # P95000097620 (5) SPRAITZ INVESTMENTS, INC. Principal Place of Business Mailing Address 2184 LONGBOAT DRIVE 2184 LONGBOAT DRIVE NAPLES FL 33942-3377 NAPLES FL 33942-3377 3. Date incorporated or Qual <u>01/01/1996</u> 2a. Mailing Address 2. Principal Place of Business 4. FEI Number 65-0632102 21 Suite Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desire 22 27 City & State City & State 6. Election Campaign Finance **Trust Fund Contribution** 23 Co Country 8. This corporation owes or t 34104 Personal Property Tax due 29 9. Name and Address of Current Registered Agent 10. Name and Address of No Name SPRAITZ, MATTHEW P 2184 LONGBOAT DRIVE Street Address (P.O. Box Number is Not Acc NAPLES FL 88942-3377 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a over office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition 1.1 TITLE SPRAITZ, MATTHEW P 1.2 NAME NAME 2184 LONGBOAT DRIVE 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP NAPLES FL 33942-3377 CITY - ST - ZIP DELETE TITLE 2.1 TITLE NAME FRIEDMAN SPRAITZ, CINDY 2.2 NAME STREET ADDRESS 2184 LONGBOAT DRIVE 2.3 STREET ADDRESS 3000u NAPLES FL 33942-3377 2.4 CITY-ST CIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 6.1 TITLE TITLE NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 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 excluders.