

06011999-90006-050-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90006 050 \*\*\*150.00

DOCUMENT # P96000012873 Corporation Name

SPM Consulting, Inc.



\* 5 88396 8 90020 9 18 6 \*

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2800 S.W. 2nd Avenue Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Fort Lauderdale, FL 33315

29 Zip Country

30 33315 USA

3. Date Incorporated or Qualified

2/9/96

4. FEI Number

65-0648819

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 Tax.

Yes

No

9. Name and Address of Current Registered Agent

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

Stuart McClure Inc. 2800 S.W. 2nd Avenue Fort Lauderdale, FL 33315

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 12 rows for Officers and Directors. Each row includes fields for Name, Title, Street Address, City, State, and Zip, with a 'DELETE' checkbox.

Table with 12 rows for Additions/Changes to Officers and Directors. Each row includes fields for Title, Name, Street Address, City, State, and Zip, with 'Change' and 'Addition' checkboxes.

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, with all other like empowered.

SIGNATURE: Stuart McClure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/99

Date

Daytime Phone #

CP25034 (11/01)