


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

FILED
Apr 24 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000022872 (1)**

1. Corporation Name

SPIRITED ENTERPRISES, INC.



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|--|---|
| Principal Place of Business 612 NORTHEAST 20TH AVENUE SUITE 2 DEERFIELD BEACH FL 33441 | Mailing Address 612 NORTHEAST 20TH AVENUE SUITE 2 DEERFIELD BEACH FL 33441-3826 |
|--|---|

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 02/26/1996 | 3a. Date of Last Report N/A |
|--|---------------------------------------|

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|---|--|
| 2. Principal Place of Business 21 14665 Quail Trail Circle Suite, Apt. #, etc. | 2a. Mailing Address 26 14665 Quail Trail Circle Suite, Apt. #, etc. |
|---|--|

| | |
|---------------|---|
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
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| | |
|----|----|
| 22 | 27 |
|----|----|

| | |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
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| | |
|--------------------------------------|--------------------------------------|
| 23 Orlando FL City & State | 28 Orlando FL City & State |
|--------------------------------------|--------------------------------------|

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|---|---|
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| | | | |
|------------------------|---------------|------------------------|---------------|
| 24 32837 Zip | 25 Country | 29 32837 Zip | 30 Country |
|------------------------|---------------|------------------------|---------------|

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|---|---|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|

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|---|--|
| 9. Name and Address of Current Registered Agent SILVER, DAVE 612 NORTHEAST 20TH AVENUE SUITE 2 DEERFIELD BEACH FL 33441 | |
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|--|--|
| 10. Name and Address of New Registered Agent 81 Name Silver, David 82 Street Address (P.O. Box Number is Not Acceptable) 14665 Quail Trail Circle 83 84 City Orlando 85 Zip Code FL 32837 | |
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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 | |
|----------------------------|---|---|--|
| TITLE | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE | PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVER, DAVE | 1.2 NAME | SILVER, DAVID |
| STREET ADDRESS | 612 NORTHEAST 20TH AVENUE, #2 | 1.3 STREET ADDRESS | 14665 Quail Trail Circle |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | 1.4 CITY-ST-ZIP | Deerfield Beach FL 33441 |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLICKINGER, RICK | 2.2 NAME | |
| STREET ADDRESS | 612 NORTHEAST 20TH AVENUE, #2 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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:

 **DAVID SILVER**

407-816-9355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0321380

CR2E034 (9/96)