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Mar 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000033384 (4)

1. Corporation Name  
SPIRE, INC.



Principal Place of Business  
126 S CYPRESS ROAD STE 719  
POMPANO BEACH FL 33060

Mailing Address  
126 S CYPRESS ROAD STE 719  
POMPANO BEACH FL 33060-7053

3. Date Incorporated or Qualified  
04/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 2631 E. OAKLAND PRK. BLVD

2a. Mailing Address

26 2631 E. OAKLAND PARK BLVD

4. FEI Number  
65-0660653

Applied For  
Not Applicable

22 Suite, Apt #, etc.  
#109

27 Suite, Apt #, etc.  
#109

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State

23 FT. LAUDERDALE, FL 33306

28 City & State

28 FT. LAUDERDALE, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip  
33306

25 Country  
US

29 Zip  
33306

30 Country  
US

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHNEIDER, EARL H  
126 S CYPRESS ROAD STE 719  
POMPANO BEACH FL 33060

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

*Earl H. Schneider*

NOTE: Registered Agent signature required when reinstating!

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SCHNEIDER, EARL H III  
STREET ADDRESS 126 S CYPRESS ROAD STE 719  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Schneider, Earl H. III  
1.3 STREET ADDRESS 126 S Cypress Rd Ste. 719  
1.4 CITY-ST-ZIP Pompano Beach, FL 33060

2.1 TITLE V  
2.2 NAME Smith, Patrick J.  
2.3 STREET ADDRESS 126 S. Cypress Rd Ste 719  
2.4 CITY-ST-ZIP Pompano Beach, FL 33060

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, changed, or on an attachment with an address.

SIGNATURE:

*Patrick J. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 954-561-8988

Date

Daytime Phone #

0144088

CR2E034 (9/96)